

Table 2-2.--Effectiveness of Educational Interventions Targeted to Attendees of Sexually Transmitted Disease Clinics<sup>1</sup>—Page 3

| Author                        | Educational goal                                                                  | Intervention(s)/Outcome measure(s)                                                                                                                                                                                                                                                                                                                                                                                        | Study design                                                                                                                                                                                                                                                               | Study population/<br>Sample size/<br>Year(s) data collected                                                                                                                               | Results/<br>Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Krager, 1990                  | Improve rate of return for followup among treated STD attendees.                  | Interventions:<br>1. Use of patient-clinician contracts outlining positive patient behaviors.<br>2. New educational materials for waiting room and patient instruction sheets (cartoon-type).<br><br>Outcome measures:<br>Return rates for "test of cure" among both men and women.                                                                                                                                       | Pre/post evaluation and natural experiment. A separate STD patient population seen in the same clinic by other health providers served as a control group to the intervention group. Control group members were participating in drug studies and reimbursed for followup. | Study population:<br>The STD clinic population was 95% black and 65% male.<br><br>Sample size:<br>715 men and 290 women.<br><br>Years data collected:<br>Unknown                          | Results:<br>Rates of return improved for women (pre-study 35% vs. post-study 73%) but not for men (pre-study 33% vs. post-study 37%). The control population return for followup rate was 36%.<br><br>Comment:<br>During the study period rates of return were very high for both men (67%) and women (97%). Increases are attributed to the Hawthorne effect (impact of study observers). This suggests improvements in provider performance impacts patients' compliance. |
| Potterat and Rotherberg, 1977 | Evaluate an alternative to the standard case interview and investigation process. | Interventions:<br>Control group received standard contact interview (20 minutes) and were told to refer sexual contacts (Patients were told that partners not seen in clinic followed up by the clinic).<br>Experimental group received a 3-5 minute counseling session and were given referral cards for partner referral.<br><br>Outcome measures:<br>Sex partners per index cases coming to STD clinic for evaluation. | Alternate patients assigned to experimental and control groups.                                                                                                                                                                                                            | Study population:<br>Heterosexual male gonorrhea patients seen in a STD clinic.<br><br>Sample size:<br>95 in experimental group, 94 in control group.<br><br>Year data collected:<br>1975 | Results:<br>Control group referred 50% of contacts compared with 80% in experimental group.<br><br>Comment:<br>The experimental intervention was more cost effective than standard care in terms of sex partner referral.                                                                                                                                                                                                                                                   |

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Table 2-2.--Effectiveness of Educational Interventions Targeted to Attendees of Sexually Transmitted Disease Clinics<sup>1</sup>--Page 6

| Author                            | Educational goal                                                                                                                                     | Intervention(s)/Outcome measure(s)                                                                                                                                                                                                                                                                                                                                                          | Study design | Study population/<br>Sample size/<br>Year(s) data collected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Results/<br>Comments                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tucker,<br>1977                   | Reduce gonorrhea<br>reinfection among<br>STD clinic<br>attendees.                                                                                    | Intervention(s):<br>Counseling patients to avoid<br>sex with untreated sex<br>partners, and to use condoms<br>to avoid reinfection.<br><br>Outcome measure(s):<br>Sexual activity as reported in<br>an interview.                                                                                                                                                                           | RCT.         | Study population:<br>STD clinic patients with first<br>uncomplicated gonorrheal<br>infection who were at least age<br>16. Those returning to the<br>clinic with a reinfection<br>within 4 months were<br>interviewed and randomly<br>assigned to an intervention or<br>control group. Those not<br>returning within 4 months were<br>contacted for followup. 70% of<br>participants were black.<br><br>Sample size:<br>Of 500 male participants, 75<br>(14.8 percent) returned to<br>clinic reinfection within 4<br>months. Among those not<br>returning but followed up, 308<br>were reinfecting. 183 of study<br>participants were lost to<br>followup.<br><br>Years data collected:<br>1975-77 | Results:<br>Men in the experimental group<br>experienced the same rate of<br>reinfection as those in the<br>control group (21%).<br><br>Comment:<br>Sociodemographic<br>characteristics associated<br>with recidivism include age<br>and race.                                                                                                                  |
| US DHS,<br>CDC, Div.<br>STD, 1978 | 1. Encourage<br>gonorrhea patients<br>to notify their<br>sexual contact of<br>the need for<br>examination.<br><br>2. Improve clinic<br>return rates. | Intervention(s):<br>Three interventions were<br>studied:<br>1. Pamphlet, counseling,<br>dispensing of partner referral<br>cards;<br>2. Counseling plus request for<br>names of sexual contacts for<br>clinic followup;<br>3. Minimal control interview<br>plus dispensing of partner<br>referral cards.<br><br>Outcome measure(s):<br>Number of gonorrhea positive<br>cases per index case. | RCT.         | Study population:<br>Male and female gonorrhea<br>patients seen in a STD clinic<br>in Miami, Florida.<br><br>Sample size:<br>1,000 gonorrhea patients. 943<br>males.<br><br>Years data collected:<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Results:<br>Groups 1 and 3 (use of partner<br>referral cards) each yielded<br>0.34 gonorrhea positive sexual<br>contacts per index case.<br>Group 2 yielded 0.6 per index<br>case.<br><br>Comment:<br>Although clinic followup<br>yielded more diagnosed<br>partners per index case, the<br>costs were 3-4 times the cost<br>of patient-initiated follow<br>up. |

Abbreviations: RCT = randomized controlled trial; STD = sexually transmitted disease

<sup>1</sup>Educational interventions pertain to STDs other than AIDS.

SOURCE: Office of Technology Assessment, 1988, based on a contractor document by Stephen Margolis, "The Effectiveness of Educational and Related Efforts among Attendees of Public Clinics for Sexually Transmitted Diseases," prepared for the Office of Technology Assessment, Washington, DC, March 1988.



Table 2-3.--Effectiveness of AIDS and Sexuality Educational Interventions Targeted to Adolescents

| Author               | Educational goal                                                                                                                | Intervention(s)/Outcome measure(s)                                                                                                  | Study design                                                                                                                                                                                    | Study population/<br>Sample size/<br>Year(s) data collected                                                                                                                                    | Results/<br>Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Dawson, 1986         | Study assessed the impact of sex/contraceptive education on initiation of sexual activity, use of birth control, and pregnancy. | Intervention:<br>RA<br>Outcome measure:<br>Reported initiation of sexual activity, use of birth control and pregnancy at interview. | Cross-sectional survey.<br>Multivariate logit analysis used to study the relationship between sexual education and outcomes of interest while controlling for sociodemographic characteristics. | Study population:<br>Women aged 15 to 19.<br>Sample size:<br>1,068 women were surveyed.<br>Year data collected:<br>Study is based upon the 1982 National Survey of Family Growth.              | Results:<br>Sexuality education may be related to initiation of sex for 14 year olds, but not for older teens. Sexuality education was positively related to use of birth control during first coitus and with ever having used birth control but was not related to current use. Sexuality education was not significantly related to pregnancy.<br>Comments:<br>For cases in which sexuality education and initiation of sex occurred in the same year, the temporal order of events could not be determined. The analysis controlled for region, race, income, parents' education, number of parents lived with at age 14, religious practices, and urbanicity. |
| Dickman et al., 1987 | Increase student's knowledge of AIDS/STD transmission and prevention.                                                           | Intervention:<br>3-hour AIDS program.<br>Outcome measure:<br>Performance on knowledge test.                                         | Pretest-posttest design.<br>Comparison of changes in knowledge of exposed vs. control group.                                                                                                    | Study population:<br>Students attending San Francisco middle and high schools.<br>Sample size:<br>366 students in intervention group;<br>273 in control group.<br>Year data collected:<br>1986 | Results:<br>Intervention group showed statistically significant improvement in knowledge scores (score increased from 31.4 to 36.0 out of a total of 46) as compared to no significant change for the control group. The proportion of students knowing that using condoms helps prevent AIDS increased from 70% to 87%.<br>Comments:<br>The posttest was administered immediately after the intervention. Program was successful in dispelling misconceptions about casual contact.                                                                                                                                                                               |

Table 2-3.--Effectiveness of AIDS and Sexuality Educational Interventions Targeted to Adolescents--Page 2

| Author                    | Educational goal                                                                               | Intervention(s)/ Outcome measure(s)                                                                                                                                                  | Study design                                                                                                                                | Study population/ Sample Size/ Year(s) data collected                                                                                                                                                                                                                         | Results/ Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Furstenberg, et al., 1985 | Analysis of impact of sexuality education on initiation of sex.                                | Interventions: MA.<br>Outcome measure: Onset of sexual intercourse as reported on survey.                                                                                            | Cross sectional survey.                                                                                                                     | Study populations: 15 and 16 year olds sampled in the 1981 National Survey of Children.<br>Sample size: 500<br>Year data collected: Analysis of data on 15 and 16 year olds surveyed in the 1981 National Survey of Children.                                                 | Results: Adolescents who had received sexuality education were less likely to have initiated sexual intercourse.<br>Comment: Analyses controlled for age, race, and other background variables.                                                                                                                                                                                                                                                                                                                                                                    |
| Kirby, 1986               | 16 exemplary sexuality education programs were evaluated. Program varied in goals and methods. | Interventions: Educational approaches varied; some were non school based, some included parents.<br>Outcome measure: Sexual and contraceptive behavior as reported on questionnaire. | Pretest-posttest design. For some programs evaluated, there was a comparison group of students not exposed to the educational intervention. | Study populations: Programs located throughout the country and targeted to elementary, junior high or high school students.<br>Sample size: Data from more than 2,000 students completing the pre and post questionnaires were analyzed.<br>Years data collected: early 1980s | Results: None of the sexuality courses had a measurable impact upon the incidence of sexual intercourse. For 11 of the 14 courses, for which impact on contraceptive use could be measured, none had any measurable impact upon contraceptive use.<br>Comment: Only exemplary programs were evaluated. Students could not be randomly assigned to intervention and control groups. The sample sizes for each type of program were rarely more than a few hundred and thus could not detect small effects. The long-term effects of the programs were not measured. |

Table 2-3.--Effectiveness of AIDS and Sexuality Educational Interventions Targeted to Adolescents--Page 3

| Author                   | Educational goal                                                                            | Intervention(s)/ Outcome measure(s)                                                                                               | Study design                                                                                                                                                                                                               | Study population/ Sample size/ Year(s) data collected                                                                                                                                                                                                                                              | Results/ Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Marsiglio and Mott, 1986 | This study examined the impact of a cross-section of American sexuality education programs. | Intervention: MA.<br>Outcome measure: Responses to personal interviews regarding sexual, contraceptive, and fertility experience. | Longitudinal survey of 16 to 22 year olds first conducted in 1979. The same respondents were reinterviewed each year thereafter. Multivariate logit analysis was used to analyze responses of those reinterviewed in 1984. | Study population: Nationally representative sample of men and women aged 16 to 22 in 1979.<br><br>Sample size: Analysis is based upon the 6,015 women and 6,054 men reinterviewed in 1984.<br><br>Year data collected: Based on the 1984 National Longitudinal Survey of Work Experience of Youth. | Results: 16 to 19 year old women having had a sexuality education course were significantly more likely to have initiated sex activity during the following year. This was not true for older females. Sexuality education that included birth control information was not significantly related to recent use of birth control. Sexuality education in general, however, was significantly related to recent use of birth control. There was no significant relationship between having had sexuality education and subsequent pregnancy.<br><br>Comment: Many programs were short and limited. The study provides no indication of the effectiveness of more comprehensive programs. |
| Hiller and Dwyer, 1987   | Improve AIDS knowledge and attitudes.                                                       | Intervention: 50-minute multi-media, AIDS program.<br><br>Outcome measure: Performance on knowledge and attitude survey.          | Pretest-posttest design, no comparison group.                                                                                                                                                                              | Study population: Seattle high school students.<br><br>Sample size: 114 students completed pretest 1 month prior to and 1 week after educational program. 53 of these completed a delayed posttest 8 weeks after the program.<br><br>Years data collected: 1986-87                                 | Results: Knowledge test scores increased from 725 to 903. The 3 of students who thought they might get AIDS did not decrease significantly. An 8-week post test showed retention of knowledge.<br><br>Comment: Students completing the pre and post test were not representative of school population (black students underrepresented).                                                                                                                                                                                                                                                                                                                                               |

Table 2-3.--Effectiveness of AIDS and Sexuality Educational Interventions Targeted to Adolescents--Page 4

| Author                | Educational goal                                                                                                                                                                                                                          | Intervention(s)/ Outcome measure(s)                                                                                                                                                                                                                                                                                                                                 | Study design                                                                                                                                               | Study population/<br>Sample size/<br>Year(s) data collected                                                                                                                                  | Results/<br>Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Schinke, et al., 1981 | Help adolescents avoid unplanned pregnancy by improving communication skills and increasing sense of responsibility for birth control.                                                                                                    | Intervention:<br>Intensive cognitive-behavioral training. The 14-part course taught:<br>contraceptive information, communication and problem-solving skills through role playing and rehearsal.<br><br>Outcome measure:<br>Structured interviews were used to measure knowledge and attitudes. Responses to stressful vignettes were video-taped to measure skills. | Students were assigned randomly to one condition of a Solomon four-group design: pretest, training, and posttest; pretest and posttest; and posttest only. | Study population:<br>Public high school sophomores.<br><br>Sample size:<br>18 participants were compared to 18 controls.<br><br>Years data collected:<br>1979-80                             | Results:<br>Participants had higher levels of sexual knowledge and better interpersonal problem-solving and communication skills as demonstrated in video performance. Participants were more willing to refuse to risk getting pregnant and more willing to share responsibility for birth control.<br><br>Comment:<br>At 6-month followup participants had better attitudes toward family planning and were practicing more effective contraceptive methods than controls. |
| Vincent, et al., 1987 | Reduce occurrence of unintended pregnancies among unmarried adolescents. Increase knowledge; align personal values with those of the family, church, and community; improve self esteem; improve decisionmaking and communication skills. | Intervention:<br>Implementation of a comprehensive, community-wide program that involved parents, churches, schools, the media, and other community organizations.<br><br>Outcome measure:<br>Pregnancy rates for females 14-17 years old for two years before the program was implemented and three years after.                                                   | Descriptive. Pre-post intervention design.                                                                                                                 | Study population:<br>Rural county in South Carolina.<br><br>Sample size:<br>Approximately 325 females 14 to 17 years old lived in the targeted area.<br><br>Years data collected:<br>1981-83 | Results:<br>Pregnancy rates dropped by more than half.<br><br>Comment:<br>Pregnancy rates in small populations may fluctuate from year to year. Whether the drop can be attributed to the program is uncertain. If program was responsible for the drop, it is unclear what component of the intervention was successful.                                                                                                                                                    |

Table 2-3.--Effectiveness of AIDS and Sexuality Educational Interventions Targeted to Adolescents--Page 5

| Author               | Educational goal                                                                                                     | Intervention(s)/Outcome measure(s)                                                                                                                                                                                     | Study design                                                                                              | Study population/<br>Sample size/<br>Year(s) data collected                                                                                                                                                                                                            | Results/<br>Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Yecher, 1985         | Increase knowledge about STD, and improve attitudes toward prevention.                                               | Intervention: A new CDC curriculum emphasizing health behaviors instead of biomedical facts was compared to standard school STD unit and no instruction.<br>Outcome measure: Changes in knowledge and attitude scores. | Quasi-experimental design involving experimental and control groups. Students were not randomly assigned. | Study population: Secondary students in six school districts (1 rural, 2 suburban, 3 urban) in central and eastern States.<br>Sample size: 546 students received the CDC curriculum; 387 no instruction; and 161 the standard curriculum.<br>Year data collected: 1985 | Results: CDC curriculum improved STD knowledge, but knowledge gained declined at the delayed 6 week post-test. Beliefs and feelings about healthy behaviors improved significantly and remained improved until the delayed posttest.<br>Intentions to engage in healthy behaviors improved, but not as much and after 6 weeks, were not significantly different from before the program.                                                                                                                                                                                                                                                        |
| Zelnik and Kin, 1982 | Study of the relationship between sexuality education and initiation of sex, contraceptive practices, and pregnancy. | Intervention: MA.<br>Outcome measure: Self-reported behaviors on interview.                                                                                                                                            | Cross-sectional survey data are analyzed.                                                                 | Study population: 1976 and 1979 survey data on a nationally representative sample of women aged 15-19 living in households in SMSAs.<br>Years data collected: Analysis based on two national surveys of teenagers (1976 and 1979).                                     | Results: No consistent relationship was found between sexuality education and initiation of sex. For most age-race groups of women, there was no relationship between sexuality education and use of birth control.<br>For 6 race/age groups, there were statistically significant results indicating that young women exposed to sex education were more likely to have used birth control. Young women who had received sexuality education were less likely to have become pregnant.<br>Comment: The temporal order of sexual activity and sexuality education could not be determined. The analysis controlled only for age, race, and sex. |

Abbreviations: RCT = randomized controlled trial; MA = not applicable; SMSA = standard metropolitan statistical area

SOURCE: Office of Technology Assessment, 1988, based on a contractor document by Douglas Kirby, "The Effectiveness of Educational Programs to Help Prevent School-Age Youth from Contracting AIDS: A Review of Relevant Research," prepared for the Office of Technology Assessment, Washington, DC, March 1982.

### 3. EDUCATION FOR THE GENERAL POPULATION

#### THE GENERAL POPULATION AND RISK BEHAVIORS

The general U.S. population consists of people at varying risk of HIV infection. Some take part in behaviors that put them at high risk, such as sharing IV drug equipment or engaging in certain sexual practices with people who may be infected. The vast majority of the U.S. population, however, are most likely at little or no risk, because they do not practice risky behaviors or because they live in areas that so far have had low rates of HIV infection.

Since there is little validated information about the sexual behavior of U.S. adults, estimates of people at risk have relied on Kinsey's study from the 1940s and on extrapolations from the size of groups that have so far accounted for most AIDS cases. Estimates of men who have homosexual contact range from 5-10 million, of people with any IV drug use about 1.1 million, and of people with hemophilia about 15,000 (185) for a total of about 6.5-11.5 million people in 1987. Of course, not all homosexual men or even all IV drug users are at high risk; only those who engage in certain behaviors risk HIV infection (see chapter 2 and appendix A). Adding heterosexuals at risk from infected partners, infants at risk from infected mothers, and people who received blood transfusions before HIV screening began would increase the total number at risk by an unknown amount. But people in these latter categories would have to equal the highest estimates of the other groups for the total at high risk to reach even 10 percent of the 240 million U.S. population.

Although no studies have tested a random sample of the U.S. population for HIV infection, the results of screening certain groups suggest that less than 1 percent of the

general population, including high-risk and low-risk people, is infected with HIV (see table 3-1) (185). From 1985 to 1987, HIV infection among first-time blood donors averaged 0.043 percent and among applicants for military service 0.15 percent. Since the Red Cross and the military--and the applicants themselves--attempt to exclude people with high-risk behavior beforehand, these results most likely underestimate the actual prevalence of HIV infection. Similarly, the rate for residential Job Corps entrants and selected hospital patients, 0.33 percent and 0.32 percent respectively, may underestimate infection because the Job Corps does not accept active IV drug addicts and the hospital study excluded infectious disease and cancer patients.

HIV testing has shown consistent patterns across geographical area, age, sex, race, and ethnicity (185). Like AIDS cases, HIV antibody prevalence is much higher in urban than in rural areas and in the East coast, Gulf coast, and California than in other regions. The age distribution of seroprevalence also follows that of AIDS cases, with the highest rates among people in their 20s and early 30s, a pattern that follows sexual activity and IV drug use. Although males have higher rates of AIDS and HIV infection than females, the male-to-female ratio is much lower for HIV infection than the 13-to-1 relationship for AIDS cases (see table 3-1). Infected men outnumber infected women by about 5 to 1 among military applicants and blood donors, but figures approach 1 to 1 in major cities. Without more systematic sampling and study, it is not clear whether differences between HIV infection rates and AIDS cases reflect changes in the underlying pattern of infection, differences between males and females in progression from infection to disease, or self-exclusion by high-risk men from military application and blood donation.



Table 3-1.--Selected Studies of HIV Seroprevalence in the U.S. Population

| Group                                                         | Date of Data                       | Percent HIV Positive | Males/Females | Blacks/Whites | Hispanics/Whites |
|---------------------------------------------------------------|------------------------------------|----------------------|---------------|---------------|------------------|
| American Red Cross<br>First-time blood<br>donors              | January 1986 - March<br>1987       | 0.0438               | 4.6:1         | 11.0:1        | 3.0:1            |
| Military applicants                                           | October 1985 -<br>September 1987   | 0.146 <sup>a</sup>   | 5.5:1         | 6.0:1         | 3.0:1            |
| Johns Hopkins residential First 25,000 from<br>serum bank     | March 1987                         | 0.338                | N.A.          | N.A.          | N.A.             |
| Selected hospital<br>patients in Midwest,<br>age 15 and older | First 8,688 from<br>September 1986 | 0.322 <sup>b</sup>   | 3.2:1         | 3.2:1         | N.A.             |

N.A. = not available

<sup>a</sup> Rate has been adjusted to reflect age, sex, racial, and ethnic composition of U.S. population 17-39 years. The crude rate, without adjustment, is 0.15 percent.

<sup>b</sup> Rate has been adjusted for age and sex.

SOURCE: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, "Human Immunodeficiency Virus Infection in the United States: A Review of Current Knowledge," *Morbidity and Mortality Weekly Report* 36(8-6):1-40, Dec. 10, 1987.

More rigorous studies are also needed to determine the evolution of viral transmission by race. Although blacks and Hispanics have about 3 times the rate of AIDS cases, the black rate of HIV infection is almost 7 times higher among military recruits and more than 11 times higher among blood donors.

The Department of Health and Human Services through various agencies is undertaking several surveys to obtain information on the prevalence of HIV. The National Center for Health Statistics (NCHS) is planning a national survey of seroprevalence that would draw on a random sample of U.S. households (217). The Centers for Disease Control (CDC) is expanding its testing of patients' blood samples to 40 hospitals across the country and is exploring similar surveillance through diagnostic laboratories and family physicians (185). In collaboration with the National Institutes of Health and State and local health departments, the CDC is also supporting the use of blood tests that are now routinely performed on newborns to gauge the seroprevalence of childbearing women throughout the United States (see chapter 2 on heterosexual adults).

## **PUBLIC KNOWLEDGE AND ATTITUDES TOWARDS AIDS**

Virtually every adult in the United States is aware of AIDS. By August 1987, more than 99 percent had heard of AIDS (50), a significant increase from the 77-91 percent in 1983 (18). Also by 1987, only 2-5 percent did not know that a person could contract the AIDS virus by sharing needles for drug use with a person with AIDS or by sexual intercourse with an infected person (see table 3-2).

Despite these accurate perceptions about known routes of HIV transmission, however, a substantial body of inaccurate knowledge remains about exposures that do not pose a threat (see table 3-2). In 1987, only 18-26

percent knew that a person can definitely not become infected by donating blood, perhaps because people did not realize that a new, sterile needle is used for each donor. Misconceptions also pertained to infection through routine activities; for example, 21-38 percent thought infection is likely from working near someone with AIDS, from using public toilets, or from insects. Although there were differences by age or sex, blacks were significantly more likely than whites to hold these misconceptions. Regarding prevention, 93-94 percent knew that celibacy and a monogamous relationship between two uninfected people were effective, but only 82 percent thought using a condom and 15 percent thought using a spermicide were at all effective (50).

A synthesis of public opinion polls from 1983 through 1986<sup>1</sup> found little change in erroneous perceptions about AIDS transmission through non-invasive means (18). An apparent exception was that people were less likely in 1986 to believe that a person could catch AIDS by working in the same office.

During 1985 and 1986, only a small portion of the general population (5-20 percent) reported changing personal behavior to avoid AIDS exposure, and most of the changes noted were ineffective, such as avoiding water fountains and other public places, avoiding contact with homosexuals, and avoiding restaurants (18). In 1986, half of the 7 percent who reported changing sexual behavior said they were using condoms more frequently. Surveys in 1987 reported higher percentages had made some personal change (37-43 percent), and more of these mentioned taking effective approaches to avoid AIDS. No increase occurred in the percent claiming to have altered their sexual behavior or in the percent using condoms.

<sup>1</sup> The 33 polls included were national in scope, surveyed adult men and women, and surveyed between 611 and 2,405 people. Differences in factors such as design and sampling procedure may render the results not strictly comparable across polls. The validity of the results is improved, however, if more than one poll found the same pattern of results, a situation that occurred frequently.

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Table 3-2.—Knowledge Regarding Human Immunodeficiency Virus (HIV) Transmission from the National Health Interview Survey by Race

| Mode of Transmission <sup>a</sup> | 8/87 <sup>a</sup><br>N=3,303 |       |       | 9/87 <sup>b</sup><br>N=3,187 |       |       | 10/87 <sup>c</sup><br>N=3,250 |       |       | 11/87 <sup>d</sup><br>N=3,333 |       |       |
|-----------------------------------|------------------------------|-------|-------|------------------------------|-------|-------|-------------------------------|-------|-------|-------------------------------|-------|-------|
|                                   | Race                         |       | Total | Race                         |       | Total | Race                          |       | Total | Race                          |       | Total |
|                                   | White                        | Black |       | White                        | Black |       | White                         | Black |       | White                         | Black |       |
| Having sexual intercourse:        |                              |       |       |                              |       |       |                               |       |       |                               |       |       |
| Very likely.....                  | 62                           | 93    | 91    | 94                           | 92    | 93    | 93                            | 92    | 93    | 93                            | 92    | 89    |
| Somewhat likely.....              | 5                            | 6     | 5     | 4                            | 3     | 5     | 5                             | 5     | 5     | 5                             | 5     | 6     |
| Somewhat unlikely.....            | 0                            | 0     | 0     | 0                            | 0     | 0     | 0                             | 0     | 0     | 0                             | 0     | 0     |
| Very unlikely.....                | 0                            | 0     | 0     | 0                            | 0     | 0     | 0                             | 0     | 0     | 0                             | 0     | 0     |
| Definitely not possible...        | -                            | -     | -     | -                            | -     | -     | -                             | -     | -     | -                             | -     | -     |
| Don't know.....                   | 2                            | 1     | 3     | 2                            | 1     | 1     | 1                             | 2     | 2     | 1                             | 2     | 2     |
| Sharing intravenous needles:      |                              |       |       |                              |       |       |                               |       |       |                               |       |       |
| Very likely.....                  | 81                           | 92    | 92    | 93                           | 87    | 93    | 93                            | 90    | 93    | 93                            | 91    | 90    |
| Somewhat likely.....              | 5                            | 6     | 5     | 4                            | 6     | 4     | 4                             | 6     | 4     | 4                             | 4     | 6     |
| Somewhat unlikely.....            | 0                            | 0     | 0     | 0                            | 0     | 0     | 0                             | 0     | 0     | 0                             | 0     | 0     |
| Very unlikely.....                | 0                            | 0     | 0     | 0                            | 0     | 0     | 0                             | 0     | 0     | 0                             | 0     | 0     |
| Definitely not possible...        | 0                            | 0     | 0     | 0                            | 1     | 0     | 0                             | 0     | 0     | 0                             | 0     | 0     |
| Don't know.....                   | 2                            | 2     | 4     | 2                            | 5     | 2     | 2                             | 3     | 2     | 2                             | 2     | 4     |
| Receiving a blood transfusion:    |                              |       |       |                              |       |       |                               |       |       |                               |       |       |
| Very likely.....                  | 37                           | 55    | 50    | 56                           | 54    | 54    | 54                            | 45    | 54    | 51                            | 47    | 47    |
| Somewhat likely.....              | 32                           | 32    | 34    | 33                           | 29    | 31    | 31                            | 32    | 32    | 32                            | 29    | 33    |
| Somewhat unlikely.....            | 13                           | 14    | 6     | 13                           | 5     | 13    | 14                            | 6     | 12    | 13                            | 5     | 3     |
| Very unlikely.....                | 13                           | 15    | 1     | 25                           | 4     | 16    | 17                            | 6     | 17    | 16                            | 5     | 5     |
| Definitely not possible...        | 3                            | 1     | 0     | 1                            | 1     | 1     | 1                             | 3     | 2     | 2                             | 2     | 2     |
| Don't know.....                   | 4                            | 3     | 0     | 4                            | 3     | 4     | 4                             | 7     | 5     | 4                             | 6     | 6     |
| Smoking or giving blood:          |                              |       |       |                              |       |       |                               |       |       |                               |       |       |
| Very likely.....                  | 10                           | 6     | 23    | 10                           | 24    | 6     | 7                             | 18    | 8     | 7                             | 18    | 10    |
| Somewhat likely.....              | 15                           | 14    | 22    | 16                           | 15    | 14    | 12                            | 25    | 14    | 12                            | 28    | 28    |
| Somewhat unlikely.....            | 14                           | 14    | 11    | 13                           | 13    | 12    | 13                            | 12    | 12    | 12                            | 12    | 12    |
| Very unlikely.....                | 25                           | 37    | 27    | 34                           | 36    | 21    | 35                            | 23    | 35    | 37                            | 23    | 23    |
| Definitely not possible...        | 18                           | 26    | 6     | 22                           | 23    | 18    | 25                            | 18    | 24    | 27                            | 18    | 14    |
| Don't know.....                   | 7                            | 6     | 11    | 6                            | 9     | 6     | 5                             | 10    | 7     | 6                             | 11    | 10    |
| Being coughed or sneezed on:      |                              |       |       |                              |       |       |                               |       |       |                               |       |       |
| Very likely.....                  | 11                           | 10    | 15    | 11                           | 18    | 9     | 9                             | 14    | 6     | 7                             | 14    | 14    |
| Somewhat likely.....              | 30                           | 30    | 29    | 29                           | 27    | 29    | 28                            | 35    | 25    | 25                            | 29    | 29    |
| Somewhat unlikely.....            | 18                           | 19    | 14    | 17                           | 15    | 17    | 18                            | 13    | 17    | 18                            | 12    | 12    |
| Very unlikely.....                | 22                           | 23    | 22    | 23                           | 17    | 23    | 24                            | 22    | 22    | 24                            | 13    | 13    |
| Definitely not possible...        | 9                            | 6     | 11    | 10                           | 9     | 12    | 12                            | 11    | 11    | 16                            | 16    | 14    |
| Don't know.....                   | 10                           | 9     | 12    | 11                           | 15    | 11    | 16                            | 14    | 11    | 10                            | 10    | 10    |

Table 3-2. Knowledge Regarding Human Immunodeficiency Virus (HIV) Transmission From the National Health Interview Survey By Race (Cont'd)

| Mode of Transmission          | 6/87<br>N=2,333 |       |       | 9/87<br>N=2,037 |       |       | 10/87<br>N=2,150 |       |       | 11/87<br>N=2,222 |       |       |
|-------------------------------|-----------------|-------|-------|-----------------|-------|-------|------------------|-------|-------|------------------|-------|-------|
|                               | Race            |       | Total | Race            |       | Total | Race             |       | Total | Race             |       | Total |
|                               | White           | Black |       | White           | Black |       | White            | Black |       | White            | Black |       |
| Shaking hands or touching:    |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....              | 2               | 4     | 2     | 2               | 6     | 2     | 3                | 2     | 3     | 1                | 1     | 4     |
| Somewhat likely.....          | 10              | 11    | 11    | 11              | 14    | 6     | 7                | 12    | 7     | 6                | 10    | 10    |
| Somewhat unlikely.....        | 19              | 20    | 18    | 17              | 18    | 16    | 15               | 20    | 15    | 15               | 17    | 17    |
| Very unlikely.....            | 39              | 38    | 41    | 38              | 32    | 39    | 41               | 32    | 37    | 39               | 30    | 30    |
| Definitely not possible..     | 22              | 23    | 16    | 26              | 20    | 23    | 29               | 21    | 22    | 23               | 26    | 26    |
| Don't know.....               | 7               | 6     | 6     | 6               | 11    | 7     | 6                | 10    | 7     | 6                | 11    | 11    |
| Kissing on the cheek:         |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....              | 3               | 11    | 4     | 3               | 9     | 3     | 2                | 7     | 3     | 2                | 7     | 7     |
| Somewhat likely.....          | 13              | 12    | 15    | 14              | 20    | 11    | 10               | 17    | 10    | 10               | 12    | 12    |
| Somewhat unlikely.....        | 21              | 22    | 18    | 19              | 19    | 18    | 17               | 22    | 17    | 15               | 21    | 21    |
| Very unlikely.....            | 37              | 38    | 27    | 23              | 24    | 35    | 27               | 22    | 35    | 36               | 25    | 25    |
| Definitely not possible..     | 18              | 18    | 15    | 23              | 16    | 25    | 26               | 22    | 26    | 29               | 22    | 22    |
| Don't know.....               | 6               | 6     | 7     | 6               | 12    | 6     | 7                | 9     | 7     | 7                | 12    | 12    |
| Kissing with saliva exchange: |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....              | 16              | 35    | 42    | 35              | 34    | 45    | 30               | 36    | 39    | 27               | 35    | 35    |
| Somewhat likely.....          | 34              | 35    | 26    | 34              | 35    | 28    | 38               | 40    | 34    | 35               | 35    | 35    |
| Somewhat unlikely.....        | 10              | 10    | 10    | 10              | 8     | 10    | 11               | 7     | 11    | 12               | 7     | 7     |
| Very unlikely.....            | 6               | 8     | 9     | 9               | 6     | 10    | 11               | 7     | 11    | 11               | 6     | 6     |
| Definitely not possible..     | 2               | 2     | 2     | 2               | 2     | 3     | 3                | 3     | 4     | 4                | 3     | 3     |
| Don't know.....               | 10              | 8     | 10    | 9               | 10    | 9     | 8                | 10    | 10    | 10               | 12    | 12    |
| Sharing drinking glasses:     |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....              | 15              | 15    | 20    | 15              | 14    | 23    | 13               | 19    | 11    | 10               | 18    | 18    |
| Somewhat likely.....          | 32              | 33    | 30    | 32              | 32    | 30    | 31               | 31    | 28    | 31               | 30    | 29    |
| Somewhat unlikely.....        | 15              | 15    | 14    | 14              | 11    | 15    | 16               | 10    | 14    | 14               | 6     | 6     |
| Very unlikely.....            | 19              | 20    | 16    | 19              | 20    | 13    | 21               | 22    | 15    | 19               | 21    | 21    |
| Definitely not possible..     | 8               | 8     | 6     | 10              | 6     | 11    | 9                | 9     | 14    | 15               | 11    | 11    |
| Don't know.....               | 10              | 8     | 14    | 10              | 8     | 14    | 10               | 8     | 13    | 10               | 14    | 14    |
| Using public toilets:         |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....              | 9               | 8     | 17    | 9               | 8     | 17    | 8                | 7     | 12    | 7                | 6     | 15    |
| Somewhat likely.....          | 22              | 22    | 25    | 22              | 22    | 28    | 20               | 16    | 25    | 18               | 18    | 28    |
| Somewhat unlikely.....        | 16              | 19    | 16    | 16              | 12    | 14    | 15               | 12    | 15    | 12               | 12    | 12    |
| Very unlikely.....            | 27              | 28    | 21    | 27              | 26    | 20    | 28               | 31    | 18    | 26               | 28    | 28    |
| Definitely not possible..     | 13              | 13    | 11    | 16              | 16    | 12    | 18               | 10    | 12    | 20               | 21    | 14    |
| Don't know.....               | 10              | 10    | 10    | 10              | 6     | 14    | 11               | 10    | 16    | 11               | 10    | 14    |

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Table 3-2. Knowledge Regarding Human Immunodeficiency Virus (HIV) Transmission from the National Health Interview Survey By Race (Cont'd)

| Mode of Transmission                              | 8/87<br>N=2,323 |       |       | 8/87<br>N=3,097 |       |       | 10/87<br>N=2,350 |       |       | 11/87<br>N=3,333 |       |       |
|---------------------------------------------------|-----------------|-------|-------|-----------------|-------|-------|------------------|-------|-------|------------------|-------|-------|
|                                                   | Total           | Race  |       | Total           | Race  |       | Total            | Race  |       | Total            | Race  |       |
|                                                   |                 | White | Black |                 | White | Black |                  | White | Black |                  | White | Black |
| Nothing near someone:                             |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....                                  | 5               | 6     | 0     | 3               | 3     | 7     | 3                | 3     | 7     | 3                | 3     | 6     |
| Somewhat likely.....                              | 16              | 16    | 18    | 15              | 15    | 18    | 16               | 12    | 22    | 16               | 14    | 12    |
| Somewhat unlikely.....                            | 17              | 16    | 14    | 16              | 15    | 15    | 15               | 16    | 13    | 16               | 13    | 17    |
| Very unlikely.....                                | 35              | 36    | 33    | 36              | 37    | 31    | 33               | 34    | 28    | 34               | 35    | 27    |
| Definitely not possible.....                      | 18              | 18    | 13    | 21              | 22    | 16    | 26               | 27    | 20    | 27               | 27    | 22    |
| Don't know.....                                   | 0               | 0     | 14    | 0               | 6     | 13    | 0                | 6     | 12    | 0                | 7     | 15    |
| Food handling/preparation:                        |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....                                  | 11              | 10    | 10    | 10              | 0     | 10    | 0                | 6     | 17    | 0                | 7     | 13    |
| Somewhat likely.....                              | 24              | 26    | 28    | 26              | 27    | 20    | 24               | 23    | 26    | 22               | 22    | 23    |
| Somewhat unlikely.....                            | 18              | 18    | 15    | 16              | 16    | 0     | 16               | 16    | 12    | 16               | 16    | 14    |
| Very unlikely.....                                | 25              | 26    | 16    | 26              | 36    | 33    | 26               | 27    | 19    | 26               | 27    | 17    |
| Definitely not possible.....                      | 11              | 11    | 7     | 11              | 11    | 10    | 14               | 14    | 12    | 18               | 16    | 13    |
| Don't know.....                                   | 11              | 11    | 15    | 11              | 10    | 20    | 12               | 12    | 13    | 13               | 12    | 20    |
| Mosquitoes or other insects:                      |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....                                  | 10              | 10    | 10    | 10              | 0     | 16    | 0                | 7     | 15    | 0                | 7     | 13    |
| Somewhat likely.....                              | 28              | 27    | 36    | 25              | 34    | 30    | 26               | 26    | 35    | 24               | 23    | 31    |
| Somewhat unlikely.....                            | 12              | 12    | 7     | 12              | 12    | 11    | 10               | 10    | 7     | 11               | 12    | 12    |
| Very unlikely.....                                | 19              | 18    | 16    | 21              | 22    | 11    | 21               | 22    | 16    | 19               | 20    | 19    |
| Definitely not possible.....                      | 10              | 11    | 7     | 12              | 12    | 6     | 14               | 15    | 13    | 17               | 17    | 13    |
| Don't know.....                                   | 21              | 21    | 16    | 21              | 21    | 22    | 21               | 21    | 25    | 20               | 20    | 22    |
| Attending school w/someone:                       |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....                                  | 3               | 3     | 6     | 2               | 2     | 5     | 2                | 2     | 2     | 2                | 1     | 5     |
| Somewhat likely.....                              | 12              | 12    | 11    | 12              | 11    | 15    | 0                | 0     | 10    | 6                | 0     | 11    |
| Somewhat unlikely.....                            | 17              | 17    | 16    | 17              | 16    | 17    | 14               | 14    | 10    | 13               | 13    | 17    |
| Very unlikely.....                                | 38              | 40    | 27    | 36              | 38    | 30    | 37               | 38    | 38    | 36               | 36    | 28    |
| Definitely not possible.....                      | 20              | 20    | 21    | 24              | 23    | 18    | 28               | 29    | 23    | 31               | 31    | 27    |
| Don't know.....                                   | 9               | 8     | 14    | 9               | 6     | 15    | 0                | 0     | 13    | 10               | 9     | 16    |
| Living near a hospital or home for AIDS patients: |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....                                  | 2               | 1     | 5     | 1               | 1     | 3     | 1                | 1     | 2     | 1                | 1     | 3     |
| Somewhat likely.....                              | 5               | 4     | 6     | 5               | 4     | 7     | 4                | 3     | 6     | 4                | 4     | 7     |
| Somewhat unlikely.....                            | 11              | 11    | 12    | 10              | 10    | 15    | 0                | 0     | 14    | 6                | 7     | 13    |
| Very unlikely.....                                | 41              | 42    | 41    | 40              | 41    | 40    | 36               | 37    | 32    | 38               | 30    | 30    |
| Definitely not possible.....                      | 33              | 35    | 24    | 36              | 38    | 25    | 42               | 44    | 31    | 41               | 42    | 31    |
| Don't know.....                                   | 6               | 7     | 11    | 7               | 6     | 10    | 6                | 5     | 12    | 8                | 7     | 16    |

Table 3-2.--Knowledge Regarding Human Immunodeficiency Virus (HIV) Transmission from the National Health Interview Survey By Race (Cont'd)

| Mode of Transmission      | 8/87<br>N=2,303 |       |       | 9/87<br>N=3,097 |       |       | 10/87<br>N=3,350 |       |       | 11/87<br>N=3,333 |       |       |
|---------------------------|-----------------|-------|-------|-----------------|-------|-------|------------------|-------|-------|------------------|-------|-------|
|                           | Race            |       |       | Race            |       |       | Race             |       |       | Race             |       |       |
|                           | Total           | White | Black | Total           | White | Black | Total            | White | Black | Total            | White | Black |
| Pets or animals:          |                 |       |       |                 |       |       |                  |       |       |                  |       |       |
| Very likely.....          | 3               | 2     | 8     | 3               | 2     | 8     | 3                | 2     | 8     | 2                | 2     | 7     |
| Somewhat likely.....      | 10              | 9     | 17    | 10              | 10    | 14    | 10               | 8     | 16    | 8                | 8     | 14    |
| Somewhat unlikely.....    | 12              | 12    | 12    | 11              | 11    | 12    | 8                | 8     | 8     | 8                | 9     | 10    |
| Very unlikely.....        | 30              | 31    | 25    | 30              | 31    | 21    | 30               | 31    | 22    | 28               | 31    | 18    |
| Definitely not possible.. | 21              | 22    | 13    | 23              | 24    | 17    | 27               | 27    | 20    | 29               | 30    | 23    |
| Don't know.....           | 24              | 24    | 24    | 22              | 21    | 27    | 23               | 23    | 26    | 22               | 21    | 29    |

NOTE: - Quantity zero

0 Quantity more than zero but less than 0.5

a Dawson, D.A., Cynamon, M., and Fitts, J.E., "AIDS Knowledge and Attitudes: Provisional Data from the National Health Interview Survey: United States, August 1987," *Advance Data From Vital and Health Statistics*, DHHS Pub. No. (PHS) 88-1250, No. 146 (Hyattsville, MD: November 19, 1987).

b Dawson, D.A., Cynamon, M., and Fitts, J.E., "AIDS Knowledge and Attitudes: Provisional Data from the National Health Interview Survey: United States, September 1987," *Advance Data From Vital and Health Statistics*, DHHS Pub. No. (PHS) 88-1250, No. 148 (Hyattsville, MD: January 18, 1988).

c Dawson, D.A., Cynamon, M., and Fitts, J.E., "AIDS Knowledge and Attitudes: Provisional Data from the National Health Interview Survey: United States, October 1987," *Advance Data From Vital and Health Statistics*, DHHS Pub. No. (PHS) 88-1250, No. 150 (Hyattsville, MD: March 18, 1988).

d Dawson, D.A., and Thornberry, O.T., "AIDS Knowledge and Attitudes: Provisional Data from the National Health Interview Survey: United States, November 1987," *Advance Data From Vital and Health Statistics*, DHHS Pub. No. (PHS) 88-1250, No. 151 (Hyattsville, MD: March 18, 1988).

e Question wording: "How likely do you think it is that a person will get the AIDS virus from--?"

f Question wording: "How likely do you think it is that a person will get the AIDS virus from sharing plates, forks, or glasses with someone who has AIDS?"

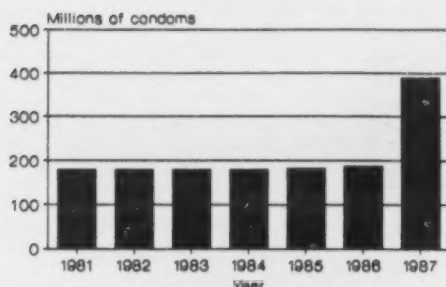
g Question wording: "How likely do you think it is that a person will get the AIDS virus from eating in a restaurant where the cook has AIDS?"

SOURCE: Office of Technology Assessment, 1988.



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Figure 3-1.--U.S. Condom Sales, 1981-1987



Source: U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, unpublished data, Silver Spring, MD, March 1988.

By contrast, changes in condom sales rose slightly during 1986 and doubled during 1987 (see figure 3-1). The most likely influence during this period was the publication of the *Surgeon General's Report on Acquired Immune Deficiency Syndrome* in October 1986 and Surgeon General Koop's repeated advice during 1987 to use condoms to prevent HIV infection. Of course, the number of condoms sold or otherwise distributed may differ greatly from the number used.

Black respondents have expressed a greater sense of personal susceptibility than whites (32 vs. 15 percent in 1987), perhaps because a disproportionate number of people with AIDS are black (18). Blacks were also more likely than whites to report changing their personal behavior, in both ineffective ways, such as avoiding homosexuals, and effective ways, such as using a condom. A greater sense of vulnerability and past behavior change suggest that a substantial portion of blacks are concerned and ready to act if given correct information and the appropriate means to effect change.

Adults under age 35 were more likely than older ones to state changes in their personal behavior and, specifically, in their sexual behavior because of AIDS (18). Higher percentages of younger adults reported limit-

ing sex to one partner and using condoms, as well as undertaking ineffective behavior, such as avoiding casual contacts with certain people. But even among those age 18 to 24, only 16 percent said that they had altered their sexual behavior because of AIDS. Another poll limited to single young adults found the younger adults most likely to have increased the number of sexual partners in recent years, but it is not clear what role sampling and study design played in the apparently conflicting results.

In general, few differences were found among respondents by gender or by marital status (18). There were too few data on Hispanics to permit separate analysis. Among regions, Southerners were the least well informed and expressed the greatest desire for more AIDS information. How threatened people felt by AIDS seemed to conform to the prevalence of AIDS in the area, with the greatest susceptibility felt in the northeast.

The analysts of the poll data concluded that as people's perceptions of AIDS transmission became more accurate, fewer were undertaking ineffective behavior to avoid infection. Moreover, decreases in misconceptions also paralleled declines in respondents' support for government restrictions on people with AIDS, such as quarantine or mandatory testing. People presumably at greater risk--blacks, young adults, and single people--expressed more concern and reported more behavior change. Consistent with theories of health behavior, however, accurate or improved knowledge was not necessarily associated with effective changes in behavior.

## GOALS OF AIDS EDUCATION FOR THE GENERAL POPULATION

The goals of AIDS education for the general population fall into two main categories: promoting social cohesion and checking

transmission of the virus. Achieving both goals entails correcting misapprehensions and conveying accurate knowledge about HIV transmission. By providing information on viral transmission, educational activities can make people aware of their risk status. People at no risk can be encouraged to continue their current behavior and to support those who are infected or sick. People at high risk can be urged to seek additional information to determine whether they are infected and to change their risky behavior.

A substantial portion of the population mistakenly believe that HIV may be transmitted by blood donation and by everyday activities, without intimate contact. As indicated by survey results and anecdotal accounts, people with more accurate knowledge are less anxious about interacting with people who may be infected. By correcting inaccurate perceptions, one may therefore reduce fear among uninfected people and reduce discrimination against those infected or at high risk. With an estimated 1 to 1.5 million people already infected and viral transmission continuing, individuals and institutions throughout the country will have to deal for a decade or more with HIV infection among adults and children. If stigmatizing and discriminating against people with HIV infections declined, both high-risk and low-risk people might be more willing to take part in surveys to collect data needed to plan public health activities. Moreover, improving knowledge is likely to increase compassion for infected people and lead to more responsible responses to problems. In addition to generating unnecessary fear and discrimination, misperceptions about HIV transmission appear to be impeding certain socially desirable activities, such as blood donation, and recreational activities, such as visiting crowded places and eating in restaurants (18).

To achieve the other goal of AIDS education for the general population, reducing HIV spread, requires stimulating people at high-risk to alter their behavior. Based on behavioral research, the lower perceived barriers (social disapproval, physical discomfort,

financial cost, general inconvenience), the more likely people are to use preventive measures (see appendix A). People are also more likely to undertake preventive measures if they feel at risk of HIV infection, realize that preventive means are available, consider these means effective, believe in their own ability to use them, have the skills (social and mechanical) to use them, and feel that the preventive measures have social approval.

### **EDUCATIONAL INTERVENTIONS SPECIFIC TO AIDS**

The results of public surveys indicate that substantial AIDS education has taken place and that learning is continuing to occur, with people absorbing inaccurate as well as accurate information. Much of this education has apparently stemmed from the mass media. Although these sources have successfully raised public awareness of AIDS, their efforts have lacked a specific message and an organized plan. Some information from the media may also be inaccurate. Several State governments have undertaken public educational programs (98), but the most notable formal effort in the United States is the U.S. National Information/Education Campaign, which is being implemented through the CDC.

The effectiveness of these efforts, formal and informal, is not clear, in large part because the program designs have not lent themselves to evaluation. Since people receive information from many diverse sources and are constantly expanding their AIDS knowledge, judging the effectiveness of a particular program requires separating the effects of the program from the effects of other factors. Research methods call for comparing changes within a group that received an intervention (the experimental group) with changes within a comparable group that did not (the control group). Alternatively, researchers may evaluate different educational strategies by comparing

changes among groups that received different interventions. Neither of these research designs has been applied to AIDS education for the U.S. general population. This section briefly describes the CDC campaign and campaigns in other developed countries, some of which have been evaluated.

### **The U.S. National Information/Education Campaign**

Operating within the CDC since mid 1987, the National AIDS Information and Education Program is intended to add a national dimension to reduce the incidence of AIDS by changing personal behavior and the social norms that influence that behavior (184). The campaign has five objectives (204):

- o to disseminate detailed factual information on AIDS transmission,
- o to clarify misconceptions and to reduce fear,
- o to support ongoing State and local efforts,
- o to provide a supportive environment for AIDS education and for people with AIDS, and
- o to help to develop a national consensus on AIDS education.

The program consists of seven components: public service campaign, national mailing, minority outreach, national AIDS hotline, national AIDS clearinghouse, corporate outreach, and research.

The first phase of the public information campaign began in the fall of 1987 with a national media campaign concentrated in October. On October 1, the CDC distributed public service announcements to the media: 38 for television, 8 for radio, and 6 for print (204). A brochure prepared by the CDC was also available upon request. During the fall campaign, staff met with national and local organizations, community leaders, and volunteers; a total of 31 meetings with representatives of community-based organizations were held in 28 cities, and 12 forums with

leaders of interested constituencies (such as black Americans, Hispanic Americans, and religious media) were conducted (184a).

In developing public service announcements for the fall 1987 campaign, the CDC and Ogilvy & Mather, the public relations firm that prepared the campaign, convened several focus groups, but because of limited time and funding, did not attempt to pilot test the messages (204). Since the same messages were distributed throughout the country, comparisons could be made only about people's knowledge and behavior before and after the fall campaign. Given the many other sources from which people may gain information on AIDS, this approach does not permit one to isolate the effects of the CDC's efforts. Under contract to the CDC, Macro Systems is in the process of studying how to evaluate the CDC's information/education efforts (204).

In August 1987, NCHS, as part of its National Health Interview Survey, implemented a survey of AIDS knowledge that was fielded monthly from August through December among a representative national sample of the U.S. population (50,51,52,53,217). These results identify areas of accurate and inaccurate perceptions and could guide future phases of the campaign (see table 3-2). Although the survey has excluded questions on behavior related to HIV transmission, NCHS is exploring the incorporation of behavioral questions into a separate study (217).

Some measures of the campaign's process are available. Between September and October 1987, operator-assisted calls to the National AIDS Hotline more than doubled, from about 20,000 to over 49,000 (146). This change cannot be attributed solely to the CDC campaign; since the number of lines increased from 11 to 44 on Oct. 1, 1987 (204), the increased number of calls may have reflected the improved capability of the system to handle callers rather than increased interest among the U.S. population.

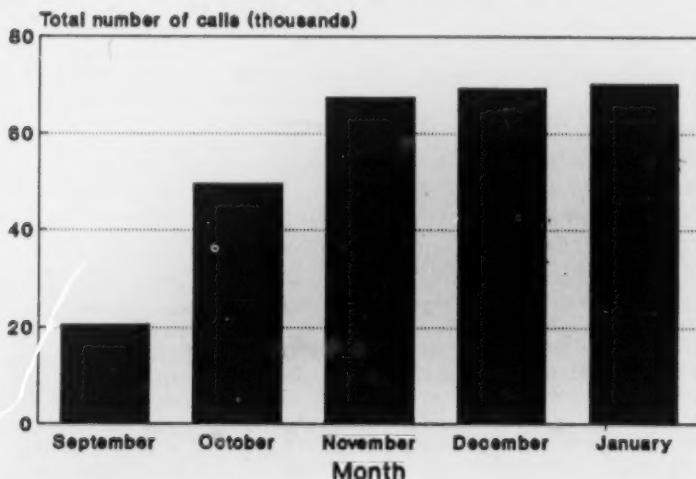
Operator-assisted calls to the hotline continued to increase throughout the following three months; however, they exceeded 70,000 in January 1988, an amount considered peak capacity during key calling hours (see figure 3-2) (204). Although television broadcasters began to use the CDC's public service announcements in October, their use in number and dollar value more than doubled in November and continued to grow in December. During the first four months of the campaign, radio and television broadcasters on major networks and in the top 75 local markets aired public service announcements valued at about \$6 million (figure 3-3) (204). Radio and television networks donated about 65 percent of this time, and about 55 percent of the announcements appeared during prime-time viewing hours. Use of the announcements varied greatly by markets: from October through January, Philadelphia aired 209 spots valued at \$175,000;

Washington, D.C. aired 12 spots valued at \$2,000; and Los Angeles used only 1 valued at \$75. Using data already collected, the CDC could gain some insight into people's response to the public service announcements by examining the relationship between the number and dollar value of spots run in a local market and hotline calls from area codes in that locality (204).

During the quarter including the October campaign, AIDS information conveyed by the media apparently fell (see figure 3-4).<sup>2</sup>

2 The Centers for Disease Control conducted a computer search of NEXIS Library for stories pertaining to AIDS. NEXIS contains approximately 160 journals, newspapers, magazines, newsletters, wires, financial information, and medical information within its library.

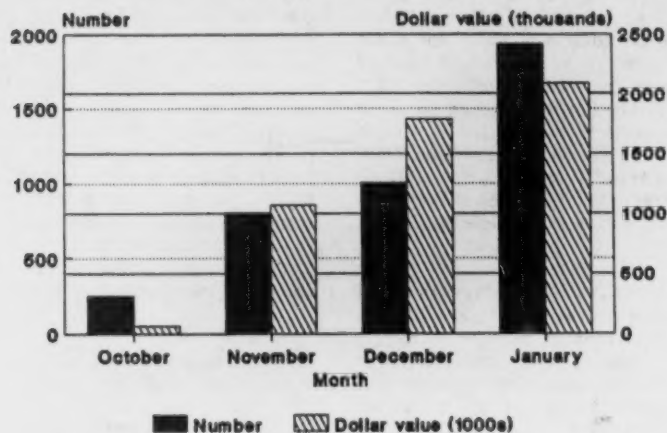
Figure 3-2.—Calls to the National AIDS Hotline, September 1987-January 1988<sup>a</sup>



<sup>a</sup> Operated-assisted calls

SOURCE: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, unpublished data, Atlanta, GA, May 11, 1988.

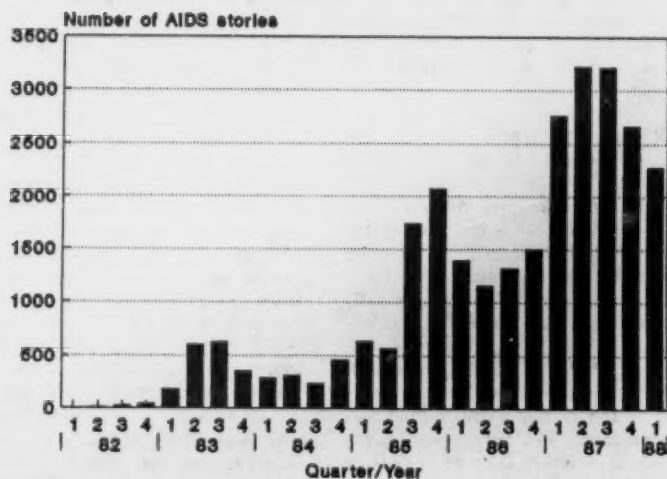
Figure 3-3.—CDC PSAs Aired on Television, October 1987-January 1988<sup>a</sup>



<sup>a</sup>Top 76 markets

SOURCE: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, unpublished data, Atlanta, GA, May 11, 1988.

Figure 3-4.—News Media Coverage of AIDS<sup>a</sup>



<sup>a</sup>Based on computer search of NEXIS

SOURCE: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, unpublished data, Atlanta, GA, April 1988.



The decline was especially striking because it ended continuous increases from spring 1985 and did not appear to reflect seasonal trends. Since the content of these stories has not been analyzed, it is not known whether this change bore any relationship to the AIDS campaign and whether any change occurred during this period in the portion of stories with accurate vs. inaccurate information. During the period from October 1987 to March 1988, the highest number of stories on AIDS appeared during the middle two weeks of October (16).

Unlike the situation in countries that have government stations, U.S. agencies depend on decisions of private managers about whether and when to schedule public service announcements. This problem exemplifies the admonition that the effectiveness of an educational program depends not only on its content, but also on its implementation (74,207). At a minimum, the message must reach the intended audience to have an effect. If the media are not airing public service announcements at appropriate times or with adequate frequency, the Government could pay for the messages to be given at specific times. Although paying commercial rates is clearly more costly per message used, if payment increases the audience receiving the message, the cost per person reached may be much lower and the entire program more effective.

The CDC and the Surgeon General have prepared a brochure that will be mailed starting the end of May 1988 to every U.S. household. The brochure provides information about how HIV is and is not transmitted and urges support for people with AIDS (193a). During 1988, the campaign's messages will emphasize women at risk, sexually active adults, teenagers, and parents (194).

During June 1988, NCHS will include in its National Health Interview Survey questions relating to the brochure and public service announcements. The survey will query respondents about whether they are aware of the public service announcements or the

brochure; whether they have read the brochure; and how they used the information. Questions also pertain to their knowledge of AIDS and HIV, use of blood tests for HIV antibody, risky behaviors, willingness to participate in a national seroprevalence study, and trust in information from Federal public health officials. This information will permit policymakers to determine the extent to which messages from the campaign are reaching the populace. In addition, people's reactions to blood testing and their trust in Federal public health officials can guide approaches to conducting seroprevalence surveys and to future information dissemination.

### **Campaigns in the United Kingdom and Australia**

In 1986, the government of the United Kingdom began an AIDS advertising campaign that is still continuing (25). The aim of the campaign is to educate people about the facts and myths of AIDS, to offer advice and reassurance, and to influence the climate of opinion so that ultimately people at risk modify their behavior. The first year's campaign consisted of three phases: advertising in the national press; extensive television and press editorial coverage plus low-level press advertising; and a press, poster, and television campaign combined with editorial television and press coverage, a youth campaign, and delivery of booklets to all households.

The government arranged for an evaluation of the first year's campaign. Since the campaign used the same approach throughout the country, it was possible only to track changes that occurred over time, but not to isolate the effects of the campaign. On the basis of baseline and subsequent surveys, over the year adults who were aware of any recent AIDS information or who had discussed AIDS more than doubled (25). About 80 percent of the general population and of youth recalled the campaign's advertisements, the highest of any such campaign in Britain. Substantial improvement occurred in people's knowledge about specific routes of HIV transmission and



the desirability of condom use, but only slight declines in the misconception that blood donation can transmit HIV. Surveys found little attitudinal change toward people with AIDS and little behavioral change in the number of sexual partners or in condom use. Consistent with previous trends, however, homosexual behavior had continued to change, with less unprotected anal intercourse and fewer sex partners.

In 1987, the government of Australia launched an educational program to provide information to motivate the public to avoid risky practices (170). The program consisted of a television announcement, which portrayed great danger; pamphlets distributed to physicians, pharmacists, and health and social service agencies; advertisements on radio and in print that were targeted to specific groups; and a hotline for counseling.

The results of interviewing urban Australians before and during the campaign are consistent with the campaign's correcting misconceptions about how HIV is transmitted, such as through public toilets, but there was no change in the belief that blood donation posed a risk. Knowledge that condom use decreases the risk of HIV infection started at a high level (92 percent) and increased (to 95 percent). Men reported more routine condom use after the campaign began, and 44 percent of the population reported that the campaign had changed their attitudes or behavior, with higher figures among young adults and single people.

## OTHER PUBLIC EDUCATION PROGRAMS

Several programs that have used mass media to try to promote health-related behavioral change may provide lessons for AIDS education. This section reviews experience with programs that have been associated with behavioral changes in three areas: cardiovascular risk reduction, smoking cessation, and

control of syphilis. Researchers attempting to reduce cardiovascular risk have designed and implemented well-designed studies that permit analyzing the effectiveness of the programs undertaken. Programs to curtail smoking have gained some prominence, for their successes as well as their failures. U.S. efforts to control syphilis may provide insights into effective strategies for AIDS education, since both are sexually transmitted diseases.

Some other programs have had less success in fostering behavioral change in three other health-related areas: use of seat belts, use of family planning techniques, and use of alcohol and other drugs. In general, programs in these areas have resulted in changes in knowledge and attitudes, but not in behavior. Several programs to increase voluntary seat-belt use in the United States and other countries have failed to achieve even modest success (103). An information program in Sweden during the 1970s, however, did lead to increased seat-belt use.

Mass media programs to promote the use of family planning techniques have had limited success in changing people's behavior (173). It was notable that television messages increased awareness most and that people generally reacted favorably to the advertisements. Advertisements in the print media, however, had little effect.

During the early 1970s, several educational efforts were undertaken to discourage drug abuse, particularly among adolescents and young adults (103). In one program, the Advertising Council, working with the National Institute of Mental Health, developed public service announcements to combat drug use. The announcements were consistently aired outside prime-time hours, did not expose target groups to specific messages, failed to take account of social networks and sources of information credible to drug users, and may have erred in containing strong fear messages (103). There is a consensus that efforts during the 1970s failed to influence drug use, whether among youth or adult women. Programs specifically focused on al-

cohol use produced little or no change in behavior, although awareness of alcoholism increased (103).

Instead of indicating that mass media approaches cannot change behavior in this area, campaigns that did not achieve an effect may exemplify only approaches that were poorly designed or implemented (74,207). At least one program to curtail alcohol use and driving produced attitudinal changes (103). As Wallack emphasizes, programs that address the community as well as the individual are more likely to succeed, and efforts to curtail drunk driving are occurring in an environment where media advertising and television programs promote unsafe practices (209,137).

Certain characteristics of HIV infection described above that make behavior change and its evaluation difficult apply to some of these other public health programs. In all cases, ongoing media attention and public interest impede isolating the effect of a particular educational program.

### **Cardiovascular Risk Reduction**

Perhaps the best designed studies of interventions that use mass media come from programs to reduce the risk of cardiovascular disease among entire communities. Comparing changes in three similar communities, Stanford researchers found that over a 3-year period during the early 1970s, risk of cardiovascular disease<sup>3</sup> fell and remained significantly lower in the two communities that had received educational interventions (69). Mass media alone successfully promoted behavior, particularly nutritional behavior, to lower cardiovascular risk about 25 percent. Combining mass media with face-to-face instruction achieved even greater changes (about a 30-percent reduction), largely because of a greater reduction in smoking. In addition to providing information and at-

tempting to affect attitudes and motivation, mass media materials were developed to teach specific skills and to reflect the characteristics of the target audiences (121). With greater use of health professionals and less use of media, a project in Finland during the same period achieved comparable risk reduction (69).

The Stanford researchers concluded that sustained community-based education can achieve behavior change for risk reduction, but the optimal mix of approaches to conduct an education program has yet to be defined. Research is continuing in five larger communities, with the addition of youth education, and interim results support the effectiveness of the educational interventions (121). Projects are also underway in other States (Rhode Island, Minnesota, Pennsylvania) and other European countries (Switzerland, Germany, Portugal, Italy, and Yugoslavia) (103).

Although this body of research supports the effectiveness of community-based programs using mass media, cardiovascular risk reduction differs from reducing HIV transmission in certain ways that may well influence the success of educational programs (103). Because cardiovascular disease is so much more prevalent than AIDS, people are more likely to know someone like themselves who has had cardiovascular disease and hence may be more likely to feel susceptible to the disease. In addition, behaviors linked to cardiovascular risk, such as diet, smoking, and exercise, are easier to discuss and acknowledge publicly than behaviors associated with HIV infection, which relate to sexual behavior, IV drug use, and reproduction. Finally, for several years the social environment has been supporting changes in behavior to reduce cardiovascular risk. Similar social support may be building for changes in drug use. There is no such consensus in the United States about sexual behavior, however, and messages in the media and in society generally regarding sexual behavior often conflict with behavior to reduce the risk of HIV infection.

<sup>3</sup> The researchers measured cardiovascular risk by means of a composite score that incorporated factors such as plasma cholesterol, systolic blood pressure, relative weight, age, and sex.

## Reduction of Smoking

Over the past generation, U.S. social norms regarding smoking have changed dramatically. Although the role of mass media and anti-smoking campaigns in this development is not clear, a review of 40 programs involving the mass media concluded that large-scale campaigns not only improved people's awareness, knowledge, and motivation, but also reduced smoking prevalence (75). Since few studies incorporated comparison groups that received no intervention, the review compared the effects of different programs, with the results from face-to-face clinics as the ultimate (highest) standard for success and the results from a self-help program of the American Lung Association as a lower, more reasonable standard by which to judge mass media programs.

In the late 1960s, an advertising campaign using the Fairness Doctrine was undertaken to counter advertisements that promoted smoking. The results suggest that public service announcements can be effective (75). That successful campaign included the following features: widespread dissemination (reach); high frequency, including some during prime-time broadcast hours (frequency); endurance, in this case three years (duration); and variations in the message. The high frequency probably reduced the opportunity for the audience to avoid the message, and presentation of opposing views (the tobacco industry's vs. health agencies') probably increased discussion of the issue.

Intensive media campaigns in the United States and other developed countries have lowered the prevalence of smoking as much as good self-help manuals, such as those of the American Lung Association; both approaches have led people to quit smoking at twice the rate of the smoking population without such programs (75). Adding community activities, in turn, appears to double the effectiveness of media programs alone. Self-help clinics that are broadcast on television or radio are about as effective as self-help manuals. Combining media self-help

clinics with printed material raised their effectiveness, and adding group discussion raised it even more. None of the interventions that used mass media reduced and maintained smoking prevalence as well as face-to-face clinics. Mass media interventions, however, would be more cost effective than face-to-face clinics if, as Flay suggested, mass media approaches can reach and change the behavior of more people for the same or lower cost (75).

## Control of Syphilis

During World War I, 13 percent of the men drafted in the United States were infected with either syphilis or gonorrhea (24). Although a diagnostic test could detect syphilitic infection, the main treatment, a drug containing arsenic, was toxic and necessitated prolonged administration.

The campaign undertaken by the military against venereal disease centered on promotion of sexual abstinence and repression of prostitution (24). Posters, films, and other material warned soldiers about the health risks of prostitutes, and more than 20,000 women were quarantined. Although the efficacy of condoms in preventing syphilis was recognized, the military did not provide them to the troops because it was feared that such a step would encourage sexual relations. Instead, soldiers were required to undergo disinfectant treatment after sexual exposure. Moreover, soldiers who contracted a sexually transmitted disease lost their pay and were subject to court-martial (23). Despite these measures, rates of syphilis remained high during the war.

During the late 1930s, State and Federal governments developed programs to detect and treat syphilis in its early stages (24). Diagnostic facilities and clinics increased, and States began to require applicants for marriage licenses to be tested for syphilis, despite the recognition that intercourse before marriage was common. Although premarital testing became compulsory in most States, 25

percent of the people who tested positive were actually uninfected, but still underwent treatment. By 1978, only about 1 percent of all tests positive for syphilis were conducted as part of premarital testing.

During World War II, the military not only undertook an educational program, but also provided condoms and sought to treat soldiers rapidly without punishing them (24). Rates of syphilis infection fell during the early 1940s, a decline that accelerated with the introduction of penicillin from late 1943 (23). Even with the availability of effective treatment, however, the disease has persisted and has begun to increase in prevalence during the past decade.

Like syphilis during the early part of this century, AIDS has raised issues of sexual behavior about which there are diverse and conflicting views in U.S. society. Also similar are the populace's widespread fear of contagion and its stigmatization of infected and sick people (24), mainly people from groups historically subjected to discrimination. The experience with syphilis indicates that intensive education and provision of condoms during World War II protected soldiers from infection, but that attempts during World War I to prevent infection through abstinence, fear, and appeals to morality were not successful (24).

## CONCLUSIONS

What is known specifically about AIDS education and generally about public health campaigns indicates the considerable capability of the mass media. In only a few years, the general population has gained a great deal of knowledge about AIDS, most of it through television (103). Furthermore, studies of other public health campaigns have shown that education through the mass media can change people's health-related beliefs and behavior to a limited extent. It is also clear that an educational program increases its ef-

fectiveness by combining use of mass media with interpersonal communication and by helping people develop skills to implement their new beliefs and motivations, through mass media or supplementary approaches (74). The media set an agenda for society; their coverage can heighten public awareness of an issue such as AIDS and stimulate people to ponder and discuss it (208). The media can provide factual information that reduces misconceptions and fear about HIV transmission and that alerts people with risky behaviors to their susceptibility and directs them to more detailed information. The media can also legitimize efforts and attitudes to reduce the stigma associated with HIV infection and to prevent further spread of HIV.

Although past experience indicates that public health campaigns directed to the general population can achieve change, it is not clear why some programs have been more effective than others (74). Which elements and combinations of elements are responsible for successful campaigns is the subject of continuing research, for example, in the area of cardiovascular risk reduction. To identify successful program elements requires that programs be designed to isolate the effect of different elements and that evaluations be conducted. Such an approach could be applied to AIDS education programs. For example, in cooperation with States and localities, the CDC could systematically vary the content or dissemination of messages within a State or across States. Surveys before and after the interventions, perhaps as part of NCHS' current AIDS surveys, could evaluate their relative effectiveness. These insights could then be used to increase the effectiveness of subsequent phases of the campaign.

A necessary condition for effective education is that the message reach the intended audience, a precondition that depends on the number of messages, when and how they are presented, and the duration of the campaign. Relying on public service announcements increases uncertainty about this aspect of a campaign, because media managers rather

than campaign organizers control the frequency, timing, and duration of the message. Although the anti-smoking campaign illustrates that public service announcements can effectively disseminate information, legal requirements related to the Fairness Doctrine underlay media use of that advertising. Existing data on the CDC's fall campaign and data that NCHS plans to collect about the national mailing can be analyzed to gain insight into the audience reached by these messages. For some aspects of AIDS education, notably condom use, commercial interests coincide with public health concerns and can help communicate certain messages to prevent HIV infection (103).

One aspect of reaching the intended audience for AIDS education entails tailoring the content and dissemination of messages so that they reach people at high risk. That AIDS has disproportionately affected blacks and Hispanics argues for special measures to reach them. Television may offer particular opportunities. Blacks, Hispanics, and people from lower socioeconomic groups have generally recalled better those messages delivered through television (119,178). Audiovisual media are especially important means of reaching minorities, since minorities have been more likely to obtain health information through these sources than through print media (22). Reaching people from different ethnic backgrounds may also require the development of messages that are sensitive to the language and culture of specific communities. In many of its activities, the CDC's national information and education

program has undertaken special efforts for minorities. Few studies, however, have evaluated programs of AIDS education for minorities in the general population or with risky behaviors (see chapter 2).

Finally, but very importantly, one must consider the environmental context of AIDS education (208). Like any public health problem, HIV transmission and its prevention depend not only on individual behavior but also on community norms and social policies. As noted earlier, the tone of mass media coverage can improve individual and social attitudes towards HIV infection and support preventive behavior and compassion. Relevant messages, however, pertain to more than specific matters regarding AIDS. U.S. society, advertising, and television programming exploit sexual insecurity (208). To support behavior consistent with reducing HIV transmission, the media and advertisers could alter their depiction of sexual behavior, as they did for smoking and are doing for alcohol use. Messages from mass media also have the potential to generate greater demand for certain services, such as drug treatment and HIV testing.

Since there have been few public service announcements about AIDS over the course of the epidemic, people must have been acquiring information from other aspects of the media. Greater insights into the role that news and entertainment media have played in shaping public perceptions and behavior about AIDS might help to guide future policies regarding AIDS education.



## Appendix A: RECOMMENDED BEHAVIOR CHANGES AND PRINCIPLES OF HEALTH-RELATED BEHAVIOR

In response to the AIDS epidemic, the Centers for Disease Control (CDC) and other public health officials have developed recommendations to reduce further HIV transmission. Researchers at the CDC and elsewhere have revised these guidelines as knowledge of HIV and its epidemiology have progressed. As background to the discussion of AIDS educational programs, this appendix briefly presents the major recommendations that have been made. Also relevant as background for AIDS education are general principles of health-related behavior that have been developed for other educational programs. The points that seem most relevant to AIDS education are summarized in the second section of this appendix.

### RECOMMENDED BEHAVIOR CHANGES

Knowledge of how HIV is transmitted and studies of how people have become infected have identified behavior that increases and decreases the chance of infection. In general, one prevents HIV infection by avoiding contact with infected blood and other bodily fluids, especially semen and vaginal fluid. These actions prevent an uninfected person from contracting the infection and prevent the virus from spreading from an infected to an uninfected person. A goal of AIDS education is to prevent HIV transmission by promoting the adoption of these preventive behaviors:

#### Sexual behavior:

- o Reduce the number of sex partners that may be at high risk of HIV infection (48,88). Least risky is monogamy with one faithful partner or abstinence. Reducing the number of partners and contacts and knowing their sexual his-

tory will lower but not eliminate the risk of viral transmission.

- o Use condoms with a spermicide effective against HIV throughout sexual relations, unless both partners are known to be uninfected (70). The use of condoms appears to reduce but not eliminate viral transmission (88).
- o Avoid anal intercourse, because subsequent trauma and bleeding may facilitate transmission of the virus (48).
- o Avoid anal-oral and oral-genital contact (48).
- o Seek testing to determine infection status if one is at risk of infection because of past behavior (181). This advice applies particularly to women who may become pregnant. Part of a testing program entails counseling about positive and negative results and preventive behavior.
- o Use only sterilized instruments for skin piercing, such as ear-piercing, tattooing, and acupuncture (181,221).

#### Intravenous drug use:

- o Seek treatment for drug use so that IV injection is reduced or eliminated.
- o Do not share needles or other equipment that may have residues of infected blood (181).
- o Clean any shared needles or other equipment with bleach to kill the virus.

#### Blood transfusions:

- o Do not donate blood if one has clinical or laboratory evidence of HIV infection.
- o Do not donate blood if one is at high risk of HIV infection because of any of the following: a man who has had sex with another man since 1977; a person who is or has been an intravenous drug user; a person who emigrated since 1977 from a country where heterosexual activity seems to play a major role in



HIV transmission; a person with hemophilia who has received clotting factor concentrates; a person who has engaged in prostitution since 1977; and a person who has been the sexual partner of an infected person or a person in any of the above high-risk categories (179,181,198,199).

In addition to suggesting behavior to prevent HIV transmission, studies of the AIDS epidemic have identified behaviors that have not been associated with infection. Another goal of AIDS education is to relieve anxiety among people at low or no risk by conveying information about behaviors that have not transmitted the virus:

- o People have not become infected through casual contact, including routine activities connected with sharing a household or workplace with people with HIV infection (180).
- o People cannot become infected by donating blood, because new sterile equipment is used for each donor (176).
- o There is no evidence that insects spread HIV infection (174).

## THEORETICAL BASES FOR AIDS HEALTH EDUCATION

Social scientists seeking to explain and modify individuals' voluntary health behavior have increasingly broadened their perspectives from individuals to encompass the social environment. Models run the gamut from those linking behavior with individual attitudes and beliefs to those explaining the diffusion of innovations, those incorporating the influence of social networks, and those based on marketing principles. Although no unified theory exists to guide a specific program of health education, several behavioral models contain elements relevant to the changes that are needed to check HIV transmission and to reduce anxiety and discrimination.

- o The more individuals perceive that they are at risk of contracting a condition, the more likely they are to engage in behavior to prevent it (101).
- o An even stronger factor in explaining preventive health behavior are the barriers that people perceive, such as physical, economic and psychological costs (14,101).
- o Also important are the perceived benefits or effectiveness of the intervention (101). Receptive attitudes towards an intervention can be promoted by stressing potential benefits, such as peace of mind from using condoms (165).
- o Exposing people to cues about the availability of a health procedure and encouragement to use it has been associated with greater subsequent use (14).
- o After individuals have decided to adopt certain health behavior, they require the skills, both social and mechanical, to carry out the new behavior (85). Rehearsing or practicing the desired behavior can help to convey the required skills (11,160).
- o Individuals' perceptions of the social approval or disapproval accorded to specific actions influence their behavior (5). Support and approval from friends, community, and society at large reinforce people's intention to change their behavior (11,85).
- o The stronger individuals' beliefs in their ability to undertake or maintain a health-related behavior (self-efficacy), the more likely they are to undertake that behavior (11).
- o Using fear as punishment to weaken unhealthy behavior is unlikely to produce the desired effect. The use of fear is most likely to be effective if the desired behavior is reinforced by a reduction in the level of fear (102). This approach entails offsetting fear-arousing information by presenting people actions or skills that they can use to lower their risk (165).
- o People are more likely to act on information if they perceive the source as

credible, a belief that relates to the expertise and trustworthiness of the source material (14a,144,165). To be credible, messages must acknowledge the beliefs and values of the target audience. Prevention messages also gain credibility if they clearly acknowledge the disadvantages of the intervention (165). Health messages conveyed in the course of a patient's treatment acquire a medical imprimatur that may increase their credibility. By contrast, if people feel castigated, they are likely to distrust the bearers of the information and to ignore the message.

- o Evidence that behavior may change attitudes supports examining the possibility of altering behavior through structural interventions (14). The inconsistency between alterations in attitudes and behaviors undercuts using attitude change to measure behavior change (207).
- o People learn by modeling their behavior on that of others with whom they identify. Opinion leaders and peer counselors can serve as role models (11).

Several factors pose particular barriers to persuading people to alter the behaviors that transmit HIV. Although perhaps not unique to AIDS or HIV infection, these factors do make behavior change difficult to achieve.

First, the behaviors that are responsible for HIV transmission and that people are called upon to change relate to sexual, reproductive, and addictive activities. Since these activities in turn have profound psychological, physical, and social implications, people may face great distress in changing these behaviors. These are sensitive areas, often considered more appropriate for private decisionmaking than public policy (15). Nor is there a consensus on social values in these areas, especially regarding sexuality and reproduction. This heterogeneity hinders the coalescing of public opinion behind certain educational strategies and reduces social support to reinforce desired behavior change in individuals.

In addition, AIDS and HIV infection are highly stigmatized conditions (15). Perhaps this situation stems from the fact that most AIDS cases have been concentrated among groups considered marginal and discriminated against by society, namely homosexuals and IV drug users and more recently, prostitutes and prisoners. Even racial and ethnic prejudice may play a role in furthering the stigmatization of people with AIDS. The fact that blacks and Hispanics have a disproportionate share of AIDS cases may reinforce existing racial and ethnic prejudice. People who are infected or even suspected or being infected may face being ostracized by their families and friends, losing their jobs, having difficulty finding housing or selling their houses, and even obtaining medical care. Such discrimination poses a powerful barrier discouraging people with high-risk behaviors from determining whether they are infected and sharing this information with others.

Also impeding behavior change are the threat of what is known and the uncertainty of what is not known about HIV infection and AIDS (15). Since a high percentage of infected people have developed serious illnesses and died, those who acknowledge being infected face the prospect of an increasingly debilitating disease likely to end in dependence and death. Unlike most other sexually transmitted diseases, and certainly fatal ones, medicine so far can offer no cure, only palliation and perhaps postponement of the worst symptoms. Scientists have made phenomenal strides in only seven years in identifying the cause of AIDS and the mechanisms for viral transmission. Knowledge is constantly evolving, however, and much uncertainty remains. Both infected and uninfected people are being called on to make behavioral changes for life. The immediate benefits to be gained from changing behavior may be limited, especially for people who are already infected. Yet over time, eliminating risky behavior offers infected people the opportunity to protect their loved ones and offers uninfected people the enormous benefit of remaining uninfected.

**Appendix B: AIDS EDUCATION FUNDED BY  
THE FEDERAL GOVERNMENT**

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## 72 • How Effective Is AIDS Education?

Table B-1.--AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), May 1983<sup>a</sup>

| Name of program/<br>contract/grant                                                 | Amount             | Project<br>period          | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Evaluative component                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------|--------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>National Institute of Mental Health, bcd</b>                                    |                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                             |
| AIDS Extramural<br>Research Grants                                                 | \$500,490,<br>F767 | 5/1/84<br>through 8/31/84  | Title: Mental Health Effects of AIDS on At-Risk Homosexual Men. Target group: at-risk testing leads to changes in sexual behavior, substance use, and health habits.                                                                                                                                                                                                                                                                                                                                                                      | Will study whether or not HIV antibody testing leads to changes in sexual behavior, substance use, and health habits.                                                                                                       |
| Yonkers/John<br>Martin                                                             |                    | 4/30/82                    | homosexual men in New York City. Intervention: HIV antibody testing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                             |
| Cornell<br>University<br>Medical<br>College/Emanuel<br>Perry                       | \$360,310,<br>F767 | 8/30/86<br>through 8/31/89 | Title: Psychoeducational Interventions through HIV Test. Target groups: bisexual men, substance abusers, and female sexual contacts of men in risk groups. Interventions: HIV antibody testing, and 1 of the 3 following interventions: (1) 7 weekly cognitive/behavioral sessions; (2) 7 weekly cognitive/behavioral sessions used with a videotape program; or (3) standard session involving a pamphlet, community referral, and a question and answer period. Subjects will be randomized to 1, 2, or 3 after receiving test results. | Outcomes will be assessed 2 and 6 months after antibody notification. Impact on behaviors, coping, AIDS and HIV knowledge are a few of the measures that will be assessed for each intervention.                            |
| Grubbs<br>School of<br>CUNY/Gregory<br>Berak                                       | \$112,800,<br>F767 | 9/30/87<br>through 8/31/89 | Title: Public Knowledge, Attitudes, and through Behavior Concerning AIDS. Target groups: general population with special emphasis on adolescents, blacks, and Hispanics. This project will gather information through a national survey and social-psychological questionnaires.                                                                                                                                                                                                                                                          | Areas of knowledge and ignorance will be identified and recommendations will be made as to effective AIDS educational approaches. A longitudinal analysis of trends in attitudes, beliefs, and behaviors will be completed. |
| Memorial<br>Hospital for<br>Cancer and<br>Allied<br>Diseases/<br>Karolyn<br>Siegel | \$172,745,<br>F767 | 9/1/87<br>through 8/31/92  | Title: Explaining Risky and Safe Sex Practices Among Gay Men. Target groups: HIV positive gay men, HIV negative gay men, gay men who have not been tested. Interventions: unstructured group interviews and unstructured individual interviews.                                                                                                                                                                                                                                                                                           | Will compare the data between those people participating in unstructured group interviews and those participating in unstructured individual interviews.                                                                    |

Table B-1.--AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) (Continued), May 1988

| Name of program/ Organization/<br>contract/grant contact        | Amount                                             | Project<br>period          | Description                                                                                                                                                                                                                                                                                                                                                                                                        | Evaluative component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------|----------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| University of<br>California, San<br>Francisco/<br>Thomas Coates | \$123,600,<br>FY87                                 | 9/30/86 through<br>8/31/88 | <b>Title:</b> Psychological and Behavioral Responses through to HIV Antibody Testing. <b>Target groups:</b> heterosexual/bisexual men, IVUDs, heterosexual/bisexual women. <b>Interventions:</b> HIV antibody testing, health education.                                                                                                                                                                           | Will examine the effect of HIV antibody testing on AIDS knowledge, anxiety, susceptibility perceptions, intentions to change, and actual changes in sexual and drug use behavior. Uses a longitudinal design with 2 cohorts (San Francisco cohort of 663 homosexual men who have been surveyed every 6-months since May 84 and a cohort of 1200 people (e.g., IVUDs, homosexual/bisexual men, and heterosexual/bisexual women) who will be surveyed before and after testing and at 1-, 6-, and 12-months following testing). Will examine differences among test takers vs. non test takers as well as differences among risk groups. |
| University of<br>California/<br>Vickie Mays                     | \$137,405,<br>FY87                                 | 9/1/87 through<br>7/31/88  | <b>Title:</b> AIDS Risk Reduction Among Black and Gay M.A. <b>Target groups:</b> black homosexual and bisexual men. 1,000 members of the target group will answer a questionnaire. Also, 100 black homosexual and bisexual men who are of low socio-economic status will be interviewed. <b>Purpose:</b> document current and past levels of risky sexual behavior and identify methods to produce risk-reduction. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| University of<br>Mississippi/<br>Jeffrey Kelly                  | \$40,371,<br>FY87                                  | 7/15/86 through<br>12/88   | <b>Title:</b> Behavioral Training to Reduce AIDS At-Risk Activities. <b>Target group:</b> at-risk homosexual men. <b>Intervention:</b> 12-session behavioral training program to reduce high-risk sexual behaviors; it includes self-management, assertion and skills training as well as risk-reduction education. Both experimental and control groups will eventually receive this intervention.                | Subjects are randomly assigned to control or experimental group. Prior to the intervention, each member of the experimental group will be assessed as to self-reported behaviors. Subjects will then be compared to control subjects in terms of risk behavior. Control subjects will then receive the intervention, and all subjects will be assessed at 1 year follow up.                                                                                                                                                                                                                                                            |
| Center for<br>AIDS<br>Prevention<br>Studies/Ruth<br>Greenblatt  | \$2.4 million<br>for the<br>total center<br>grant. | 9/1/87 through<br>8/91.    | <b>Title:</b> AIDS Prevention for Sexually Active Adolescents. <b>Target groups:</b> 1,450 sexually active adolescent females aged 14 to 20 from the Planned Parenthood Clinic in Santa Cruz. <b>Interventions:</b> traditional health education technique vs. marketing/social learning intervention.                                                                                                             | Will conduct a prospective randomized, single-blind controlled experiment comparing the effectiveness of the 2 methods for preventing HIV transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



Table B-1.--AIDS Education Program Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) (Continued), May 1988

| Name of program/ Organization/<br>contract/grant                                             | Amount                                                    | Project<br>period            | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Evaluative component                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Center for<br>AIDS<br>Prevention<br>for the<br>Studiva/Edward<br>Horeles<br>center<br>grant. | \$2.4<br>million<br>for the<br>total<br>center<br>grant.  | 9/1/86<br>through<br>2/80    | Title: AIDS Prevention Through Community<br>Action Networks for Blacks and Hispanics.<br>Target groups: 60 black and 60 Hispanic<br>community leaders from Oakland and San<br>Francisco. Interventions: workshops vs.<br>monthly newsletters. Subjects randomly<br>assigned to either of two groups.                                                                                                                                                                                                 | N.A.                                                                                                                                                                                                                                     |
| Center for<br>AIDS<br>Prevention<br>for the<br>Studiva/James<br>Sorenson<br>center<br>grant. | \$2.4<br>million<br>for the<br>entire<br>center<br>grant. | 9/1/86<br>through<br>8/31/91 | Title: AIDS Prevention with Drug Abusers<br>Completing Residential Treatment. Target<br>groups: 114 seronegative IVUUs enrolled in<br>outpatient phases of residential treatment<br>in Maiden House in San Francisco.<br>Interventions: Subjects will be involved in<br>a randomized clinical trial where 57 will<br>receive a 10-hour risk reduction training<br>workshop and 57 will receive a packet of<br>educational materials.                                                                 | Subjects will be interviewed before the<br>workshop, after the workshop, and at 6<br>and 12 months after the intervention to<br>assess knowledge about AIDS, risk<br>behaviors, and exposure to HIV.                                     |
| Center for<br>AIDS<br>Prevention<br>for the<br>Studiva/James<br>Sorenson<br>center<br>grant. | \$2.4<br>million<br>for the<br>total<br>center<br>grant.  | 9/1/86<br>through<br>8/31/91 | Title: Methadone Maintenance Impact on<br>Sharing of Body Fluids by Seropositive Drug<br>Abusers. Target groups: Seropositive IVUUs<br>enrolled in a treatment program at Substance<br>Abuse Services. Interventions: assigned<br>randomly to standardized treatment program<br>(abstinence-oriented focus) compared to<br>public-health-oriented treatment (focus on<br>diverting seropositives from sharing<br>needles).                                                                           | Pre-measures will be taken at admission<br>to program and post-measures will be<br>taken at 3- and 12-month followup.                                                                                                                    |
| Center for<br>AIDS<br>Prevention<br>for the<br>Studiva/David<br>Gibson<br>center<br>grant.   | \$2.4<br>million<br>for the<br>total<br>center<br>grant.  | 9/1/87<br>through<br>8/31/91 | Title: Clinic-Based Outreach to IV Drug<br>Users and Sexual Partners. Target groups:<br>180 seronegative IVUUs in heroin<br>detoxification at San Francisco General<br>Hospital, 180 "community" drug users<br>recruited with vouchers, and 180 female<br>sexual partners of IVUUs who do not inject<br>drugs. Interventions: Numbers will be<br>randomly assigned to a counseling/problem-<br>solving condition or an information only<br>control condition. Antibody testing will<br>also be done. | Will look at knowledge about risk-<br>reduction, acceptance of risk-reduction<br>guidelines, self-reported risk<br>behaviors, perceived AIDS threat, and<br>communication skills. Antibody status<br>will serve as a behavioral measure. |

Table B-1.--AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) (Continued), May 1988

| Name of program/<br>contract/grant                    | Organization/<br>contact                                                                   | Amount             | Project<br>period       | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Evaluative component                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Center for the<br>Biopsychosocial<br>Study of AIDS    | Center for the<br>Biopsychosocial<br>Study of AIDS/Dale<br>Chitwood                        | N.A.               | N.A.                    | Title: HIV Prevalence and Risk Reduction in a Population of IV Drug Users. Target groups: 150 street IVUWs in Miami, Florida. Interventions: Will determine antibody status of IVUWs and determine frequency of use, length of use, needle-sharing habits, sexual activities, and use of "shooting galleries." 50 seronegative individuals will be randomly divided into a control (to receive a pamphlet on how AIDS is transmitted and the role of needle sharing) and an experimental group (to receive an intensive health education course teaching ways to lower risk--avoid sharing needles, use new needles, clean a needle, and engage in safer sex--as well as how AIDS is spread). | Will compare the experimental and control groups' risk behaviors and seroconversion rates over time; will examine relationship between seroconversion rates and changes in risk behaviors.                                                                                                       |
| Center for the<br>Biopsychosocial<br>Study of AIDS/J. | Center for the<br>Biopsychosocial<br>Study of AIDS/J.<br>Bryan Page                        | N.A.               | N.A.                    | Title: Education and the Prevention of AIDS in the Haitian Community. Target groups: Anglo, Haitian, Hispanic, and Black communities in Dade County, Florida. Interventions: dissemination of culturally appropriate educational materials.                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Will assess current knowledge and behaviors in high- and low-risk neighborhoods as well as assess the relationships between cultural and ecological variables and knowledge and behavior. Will develop culturally appropriate educational materials based on this and modify existing materials. |
| AIDS Prevention<br>for Adolescents<br>in Schools      | HIV Center for<br>Clinical and<br>Behavioral<br>Studies/Anke<br>Ehrhardt<br>Heather Walter | \$204,502,<br>FY87 | 9/87<br>through<br>9/88 | Title: AIDS Prevention in Schools. Target groups: high school youth from 2 dissimilar New York City populations. A survey will be done to assess target groups' current AIDS knowledge (i.e., modes of transmission and behaviors to prevent transmission), problem-solving skills regarding prevention, and frequency of high-risk behaviors. A prevention program will be developed and implemented to bridge the knowledge and skills gaps.                                                                                                                                                                                                                                                | The prevention program will be evaluated. Specifics not available.                                                                                                                                                                                                                               |
| AIDS Prevention<br>for Adolescent<br>Sex Offenders    | HIV Center for<br>Clinical and<br>Behavioral<br>Studies/Anke<br>Ehrhardt<br>Judith Becker  | \$22,220,<br>FY87  | 9/87<br>through<br>9/90 | Title: AIDS Prevention as Part of Clinical Treatment of Adolescent Sex Offenders. Target group: adolescent sex offenders treated at Psychiatric Institute's Sexual Behavior Clinic. Interventions: 10 sessions which include social skills training, dissemination of general and personal knowledge regarding HIV, social contexts, and integration.                                                                                                                                                                                                                                                                                                                                         | Each subject will be assessed pre- and post-treatment regarding his/her HIV and sexually transmitted disease knowledge.                                                                                                                                                                          |

Table B-1.--AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) (Continued), May 1988

| Name of program/<br>contract/grant                  | Organization/<br>contact                                                                         | Amount             | Project<br>period       | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Evaluative component                                                                               |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Community<br>Health,<br>Education and<br>Prevention | HIV Center for<br>Clinical and<br>Behavioral<br>Studies/Aake<br>Ehrhardt<br>Raphael<br>Tavares   | \$103,477,<br>F787 | 9/87<br>through<br>9/88 | Title: Community Health Education and Prevention. Target groups: communities in Harlem, Upper West Side, and Northern Manhattan. Interventions: build links with community based organizations and existing agencies dealing with AIDS education. Will develop a culturally sensitive educational program.                                                                                                                                                                                                         | The prevention programs will be evaluated. Specifics not available.                                |
| AIDS Protection<br>for Runaway and<br>Shelter Youth | HIV Center for<br>Clinical and<br>Behavioral<br>Studies/Aake<br>Ehrhardt<br>Mary Jane<br>Kothman | \$245,684,<br>F787 | 9/87<br>through<br>9/88 | Title: AIDS Prevention Among Youth with High Risk Behaviors. Target groups: male and female adolescents between the 12 and 18 years who seek services at runaway shelters or at agencies serving gay and lesbian youth. Interventions: information dissemination, teaching social skills, and creating supports for health information and healthcare. Purpose: increase general AIDS knowledge (i.e., transmission and risky behaviors) and personal knowledge (i.e., vulnerability and ways to change behavior). | Pre- and post-intervention assessments of attitudes and behaviors will be conducted for two years. |

## National Institute on Alcohol Abuse and Alcoholism (NIAAA):h

|                                                                                                                                                           |                                                    |                               |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                             |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Research on<br>Alcohol-Related<br>Behavior that<br>Increases the<br>Risk of AIDS<br>and/or Research<br>of Prevention<br>Strategies to<br>Reduce that Risk | Not yet<br>determined/<br>Donald Goheen<br>(NIAAA) | Up to \$1<br>million<br>Total | Up to 5<br>years.<br>Renew-<br>able<br>for<br>subse-<br>quent<br>periods<br>of the study<br>or early F788. | This grant seeks to increase research on alcohol-related behaviors that increase the risk of transmitting HIV and on education and prevention strategies to reduce risk. Grant is particularly interested in research targeted to blacks and Hispanics. 3 to 6 awards will be available for the first year period of the study and will be made in late F788 or early F789. | Will be written into grant proposals. |
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Table B-1. AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) (Continued), May 1988

| Name of program/ Organization/ contract/grant                                   | Amount           | Project period      | Description                                                                                                                                                                                                                                                                     | Evaluative component                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------|------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>National Institute on Drug Abuse (NIDA) - Division of Clinical Research:</b> |                  |                     |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                   |
| AIDS Comprehensive Community Outreach Demonstration Projects <sup>1</sup>       |                  |                     |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                   |
| Affiliated Systems Corporation/ Irene Essling                                   | \$748,280, FY88  | 10/87 through 10/90 | Target groups: IVDSs not in drug abuse treatment programs and their sexual partners. Interventions: information dissemination (prevention information packages) and behavior change interventions. These interventions vary with each Community Outreach Demonstration Project. | An initial interview for demographics, knowledge, and behaviors will be conducted. A 5 month follow-up interview will assess knowledge change, risk reduction, skills, and social supports. NIDA Research Company is also conducting an assessment of all AIDS outreach demonstration project grants (see below). |
| DARCO Drug Services, Inc./Deena Nelson                                          | \$736,183, FY88  | 10/87 through 10/90 | See description for Affiliated Systems Corporation.                                                                                                                                                                                                                             | See evaluative component for Affiliated Systems Corporation.                                                                                                                                                                                                                                                      |
| Department of Human Services (Washington, D.C.)/Larry Deibel                    | \$1,060,038 FY88 | 10/87 through 10/90 | See description for Affiliated Systems Corporation.                                                                                                                                                                                                                             | See evaluative component for Affiliated Systems Corporation.                                                                                                                                                                                                                                                      |
| Harvard Medical School/William McCalliffe                                       | \$726,144, FY88  | 10/87 through 10/90 | See description for Affiliated Systems Corporation.                                                                                                                                                                                                                             | See evaluative component for Affiliated Systems Corporation.                                                                                                                                                                                                                                                      |
| Herzlieb and Drug Research/ Samuel Friedman                                     | \$884,864, FY88  | 10/87 through 10/90 | See description for Affiliated Systems Corporation.                                                                                                                                                                                                                             | See evaluative component for Affiliated Systems Corporation.                                                                                                                                                                                                                                                      |
| New Jersey State Department of Health (Research and Jersey City)/Robert Easter  | \$2,047,129 FY88 | 10/87 through 10/90 | See description for Affiliated Systems Corporation.                                                                                                                                                                                                                             | See evaluative component for Affiliated Systems Corporation.                                                                                                                                                                                                                                                      |
| Philadelphia Health Management Corp./Lyons Kotzenahl                            | \$730,746, FY88  | 10/87 through 10/90 | See description for Affiliated Systems Corporation.                                                                                                                                                                                                                             | See evaluative component for Affiliated Systems Corporation.                                                                                                                                                                                                                                                      |
| San Francisco Department of Health/Harvey Feldman                               | \$866,716, FY88  | 10/87 through 10/90 | See description for Affiliated Systems Corporation.                                                                                                                                                                                                                             | See evaluative component for Affiliated Systems Corporation.                                                                                                                                                                                                                                                      |

Table B-1.--AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) (Continued), May 1988

| Name of program/<br>contract/grant                       | Organization/<br>contact                                                       | Amount                           | Project<br>period         | Description                                                                                                                                                                                                                                                                                           | Evaluative component                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                          | University of<br>Illinois/Wayne<br>Michel and<br>Edward Searcy                 | \$1,035,623<br>FY88              | 10/87<br>through<br>10/90 | See description for Affiliated Systems<br>through Corporation.                                                                                                                                                                                                                                        | See evaluative component for Affiliated<br>Systems Corporation.                                                                                                                                                                                                                                                                           |
|                                                          | University of<br>Miami/Clyde<br>McCoy                                          | \$1,159,065<br>FY88              | 10/87<br>through<br>10/90 | See description for Affiliated Systems<br>through Corporation.                                                                                                                                                                                                                                        | See evaluative component for Affiliated<br>Systems Corporation.                                                                                                                                                                                                                                                                           |
| AIDS Targeted<br>Outreach<br>Demonstration<br>Contract 1 | California<br>School of<br>Professional<br>Psychology/<br>Josette<br>Mendenaro | \$1,007,384<br>FY88              | 10/87<br>through<br>10/90 | Title: Outreach to Sexual Partners and<br>Prostitutes. Target groups: IVUs not in<br>treatment, their sexual partners, and<br>prostitutes in Boston, Los Angeles, and<br>Phoenix. Interventions: information<br>dissemination (prevention information<br>packages) and behavior change interventions. | An initial interview for demographics,<br>knowledge, and behaviors will be<br>conducted. A 9-month follow-up<br>interview will assess knowledge change,<br>risk reduction, skills, and social<br>supports. MOXA Research Company is<br>also conducting an assessment of all<br>AIDS outreach demonstration project<br>grants (see below). |
|                                                          | Aht<br>Associates/<br>Theodore<br>Hammett                                      | About \$1<br>million<br>for FY88 | FY88<br>through<br>FY90   | See description under California School of<br>Professional Psychology.                                                                                                                                                                                                                                | See evaluative component under<br>California School of Professional<br>Psychology.                                                                                                                                                                                                                                                        |
|                                                          | Birch and<br>Davis<br>Associates,<br>Inc./Willie<br>Davis                      | \$1,031,989<br>FY88              | 10/87<br>through<br>10/90 | Title: Increasing Capability of Methadone<br>Maintenance Programs. Target groups: IVUs<br>not in treatment. Interventions:<br>information dissemination (prevention<br>information packages) and behavior change<br>interventions.                                                                    | See evaluative component for California<br>School of Professional Psychology.                                                                                                                                                                                                                                                             |
|                                                          | RTI/J. Valley<br>Kachal                                                        | About \$1<br>million<br>for FY88 | FY88<br>through<br>FY90   | See description under Birch and Davis<br>Associates, Inc.                                                                                                                                                                                                                                             | See evaluative component under<br>California School of Professional<br>Psychology.                                                                                                                                                                                                                                                        |
|                                                          | Marathon<br>House,<br>Inc./Roy Ross                                            | \$604,987,<br>FY88               | 10/87<br>through<br>10/90 | Title: Outreach to Therapeutic Community<br>Contacts and Clients. Target groups: IVUs<br>not in treatment. Interventions:<br>information dissemination (prevention<br>information packages) and behavior change<br>interventions.                                                                     | See evaluative component for California<br>School of Professional Psychology.                                                                                                                                                                                                                                                             |

Table B-1.--AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADMHA) (Continued), May 1988

| Name of program/<br>contract/grant                                  | Amount                                   | Project<br>period         | Description                                                                                                                                                                                                                                                                      | Evaluative component                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------|------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personalized<br>Burling<br>Corporation,<br>P.C./Marcia<br>Anderson  | \$812,077,<br>FY88                       | 10/87<br>through<br>10/90 | Title: Outreach to Emergency Rooms and<br>through Detoxification Units. Target groups: IVDDs<br>not in treatment, their sexual partners, and<br>prostitutes. Interventions: information<br>dissemination (prevention information<br>packages) and behavior change interventions. | See evaluative component for California<br>School of Professional Psychology.                                                                                                                                                                                                                                                                |
| University of<br>Illinois,<br>Chicago/Mayne<br>Wichel               | \$972,840,<br>FY88                       | 10/87<br>through<br>10/90 | Title: Indigenous Leader Outreach. Target<br>group: IVDDs not in treatment and their<br>sexual partners in El Paso, Denver, and<br>Baltimore. Intervention: use outreach<br>workers to influence social networks of<br>IVDDs and their sexual partners.                          | See evaluative component for California<br>School of Professional Psychology.                                                                                                                                                                                                                                                                |
| KORA<br>Associates/<br>Ken South                                    | About \$1<br>million<br>for FY88<br>FY89 |                           | See description under University of<br>Illinois, Chicago.                                                                                                                                                                                                                        | See evaluative component under<br>California School of Professional<br>Psychology.                                                                                                                                                                                                                                                           |
| National Data<br>Coordination and Company/Paul<br>Young<br>Contract | \$653,421,<br>FY88                       | 10/87<br>through<br>10/90 | Providing the overall national data<br>coordination, evaluation, and assessment of<br>the AIDS Comprehensive Community Outreach<br>Demonstration Grants and AIDS Targeted<br>Outreach Demonstration Contracts.                                                                   | Perform national assessment of all AIDS<br>outreach demonstration research project<br>grants funded under NIDA. The assess-<br>ment will provide a trend analysis of<br>behaviors in each city as well as<br>changes in risk behaviors impacted by<br>the intervention on subsamples of<br>subjects 6 months after the initial<br>interview. |
| Natural History<br>Studies                                          | \$329,512,<br>FY88                       | 10/87<br>through<br>10/90 | Title: Behavioral Correlates of HTLV-III<br>and Immune Deficiency. Target groups:<br>6,000 students tested in junior high school<br>and as young adults. Interventions: HIV<br>antibody testing.                                                                                 | An ongoing longitudinal study is being<br>conducted. Will look at responses to<br>knowledge of the HIV test results as<br>well as the expectation of taking the<br>test.                                                                                                                                                                     |
| Columbia<br>University/Ann<br>Brunswick                             | \$206,088,<br>FY88                       | 10/87<br>through<br>10/92 | Title: Multidimensional Study of AIDS Risk<br>in a Black Community. Target group:<br>representative cross section of black<br>Americans from a northern, urban, inner city<br>community. Interventions: personal<br>interviews and home medical screening exams.                 | Will assess AIDS knowledge and<br>behaviors as well as attitudes.                                                                                                                                                                                                                                                                            |
| Johns Hopkins<br>University/<br>George Bigelow                      | \$176,957,<br>FY88                       | 10/87<br>through<br>10/91 | Title: Serological Status and Needle-<br>sharing in Drug Abusers. Target group:<br>IVDDs. Interventions: HIV antibody testing<br>for both a methadone treatment cohort and an<br>untreated cohort.                                                                               | Parallel-groups randomized trial to<br>observe whether IVDDs attend an AIDS<br>risk-reduction education program and<br>whether risk behaviors decrease after<br>education. Will follow for 2 years to<br>assess changes in seropositivity,<br>health status, and risk behaviors.                                                             |



Table B-1.--AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) (Continued), May 1988

| Name of program/<br>contract/grant | Organization/<br>contact                                       | Amount             | Project<br>period             | Description                                                                                                                                                                                                                                                                                                                                                                                                               | Evaluative component                                                                                                                                                                                                                    |
|------------------------------------|----------------------------------------------------------------|--------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    | Johns Hopkins<br>University/B.<br>Frank Polk                   | \$187,285,<br>FY86 | 10/87<br>through<br>10/89     | Title: Epidemiology of LAV Infection Among<br>Imprisoned Drug Users. Target group: 5,000<br>incoming inmates to the Maryland State<br>Prison System. This project will assess the<br>importance of risk factors for inmates at<br>entry into the prison so that educational<br>interventions can be refined.                                                                                                              | At time of entry, inmates will be<br>interviewed. A seroprevalence survey<br>will be conducted during a 12-month<br>period, followed by case-control<br>studies of variables predictive of HIV<br>positivity.                           |
|                                    | Johns Hopkins<br>University/B.<br>Frank Polk                   | \$717,466,<br>FY86 | 10/87<br>through<br>10/92     | Title: Natural History of HTLV-III<br>Infection Among Drug Users. Target group:<br>former/current IVUOs in Greater Baltimore<br>area. The purpose of this study is to gain<br>information leading to effective HIV<br>intervention and prevention for IVUOs.                                                                                                                                                              | Baseline data will be collected<br>regarding drug use, medical, and<br>demographic characteristics. Subjects<br>will be followed at 6-month intervals<br>for up to 3 1/2 years.                                                         |
|                                    | Montefiore<br>Medical<br>Center/Oswald<br>Friedland            | \$412,423,<br>FY86 | 10/87<br>through<br>10/92     | Title: Natural History of HTLV-III and<br>Immune Deficiency. Target group:<br>seropositive and seronegative IVUOs enrolled<br>in the Montefiore Drug Abuse Treatment<br>Program (methadone maintenance for opiate<br>addiction). Interventions: HIV antibody<br>testing with educational interventions to<br>determine if antibody status affects risk<br>reduction.                                                      | Subjects will be screened for HIV at 6-<br>month intervals in this longitudinal<br>study. Interventions and complete<br>physicals are given. Educational<br>interventions will be evaluated to<br>determine effect upon risk-reduction. |
|                                    | Maroonie and<br>Drug Research,<br>Inc./Don Ben<br>Jaralis      | \$78,321,<br>FY86  | 10/87<br>through<br>10/89     | Title: Risk Factors for AIDS Among<br>Intravenous Drug Users. Target group:<br>IVUOs. Interventions: dissemination of<br>general knowledge of AIDS, antibody testing<br>with counseling.                                                                                                                                                                                                                                  | An analysis of drug injection and<br>heterosexual activity is being<br>conducted. Will examine behavior<br>change among IVUOs.                                                                                                          |
|                                    | New York<br>University<br>Medical<br>Center/Michael<br>Pomeroy | \$125,103,<br>FY86 | 9/30/86<br>through<br>9/30/87 | Title: Transmission of HTLV-III among<br>Prostitutes. Target group: female<br>prostitutes and heterosexually active males<br>and females. Interventions: epidemiologic<br>questionnaires and donation of blood samples<br>for testing.                                                                                                                                                                                    | Subjects will be matched and periodic<br>analyses of seropositivity will be<br>conducted. Risks for contracting HIV<br>will be analyzed for both males and<br>females.                                                                  |
|                                    | New York<br>University<br>Medical<br>Center/Mindell<br>Saidin  | \$126,637,<br>FY86 | 10/87<br>through<br>10/92     | Title: Heterosexual Transmission of HIV to<br>Partners of IVUOs. Target group: non-<br>IVUOs' steady heterosexual partners of<br>patients in the Bellevue Hospital Methadone<br>Maintenance Treatment Program and<br>hospitalized IVUOs with AIDS. This study<br>will include looking at the determinants of<br>seroconversion in heterosexual partners<br>(e.g., condom usage, frequency and type of<br>sexual contact). | Subjects will be interviewed and<br>examined for HIV.                                                                                                                                                                                   |

Table B-1.--AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADMHA) (Continued), May 1988

| Name of program/ Organization/<br>contract/grant                            | Amount             | Project<br>period         | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Evaluative component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------|--------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scientific<br>Analysis<br>Corp./Daniel<br>Weidorf                           | \$182,423,<br>F788 | 10/87<br>through<br>10/89 | Title: Gay Prostitution, IV Drug Use and<br>AIDS. Target group: male homosexual<br>prostitutes in San Francisco. Study will<br>gather information on patterns of IV drug<br>sexual practices, and sexual contacts with<br>women and bisexuals. Also, data will be<br>gathered about the extent to which<br>information and awareness about AIDS have<br>led to changes in IV drug use and risky<br>sexual practices. This will help in<br>developing educational interventions. | Will evaluate the relationships between<br>IV drug use and unsafe sexual practices<br>and test results.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| University of<br>California/<br>Marie Banda                                 | \$276,403,<br>F788 | 10/87<br>through<br>10/89 | Title: HTLV-III Infection in San Francisco<br>IV Drug Users. Target group: heterosexual<br>IV drug users in San Francisco. Interventions:<br>test/interview for HIV seroprevalence;<br>assess risk-reduction interventions, and<br>current behavioral risk factors.                                                                                                                                                                                                             | A cohort of seropositive IV drug users will be<br>matched with seronegative controls and<br>followed at 0-3 month intervals.                                                                                                                                                                                                                                                                                                                                                                                                              |
| University of<br>Maryland/David<br>Burco                                    | \$242,018,<br>F788 | 10/87<br>through<br>10/82 | Title: Narcotic Addiction, AIDS and<br>Intervention. Target group: 270 narcotic<br>addicts. Interventions: clinically guided<br>self-help approach, standard clinic<br>treatment, standard clinic treatment with<br>structured lecture series focusing on AIDS<br>topics. HIV antibody testing will be done.                                                                                                                                                                    | Blood samples will be drawn every 3<br>months from all clients who previously<br>tested negative. Will examine the<br>attitudes and behaviors of a randomly<br>selected group.                                                                                                                                                                                                                                                                                                                                                            |
| University of<br>Miami/Dale<br>Chitwood                                     | \$189,607,<br>F788 | 10/87<br>through<br>10/90 | Title: The Epidemiology of HTLV-III in<br>Intravenous Drug Users. Target group:<br>IV drug users in treatment. Intervention: HIV<br>antibody testing. Purpose: establish<br>profile of IV drug users in treatment and assess<br>impact that being screened has upon<br>subsequent risk behaviors.                                                                                                                                                                               | Phase 1--test and interview IV drug users about<br>risk factors. Data will be analyzed to<br>get profile of high-risk IV drug users. Phase<br>2--seronegative subjects will be tested<br>every 6 months for a period of up to 3<br>years. Phase 3--seropositives from<br>phase 2 will enter case control study<br>to identify risk factors. Phase 4--<br>followup of those seropositive and<br>seronegative at baseline to determine<br>if finding out seropositivity during<br>treatment helps change risky behavior<br>after treatment. |
| Veterans<br>Administra-<br>tion Hospital<br>(Rivers,<br>IL)/Walter<br>Burco | \$173,390,<br>F788 | 10/87<br>through<br>10/92 | Title: Consequences of HTLV-III Infection<br>through IV Drug Users. Target group: 350<br>male IV drug users and their sexual partners.<br>Interventions: HIV antibody testing to<br>determine if knowledge of results affects<br>drug use (e.g., frequency of drug use,<br>sharing needles) and sexual behavior (e.g.,<br>number of sexual partners and precautions).                                                                                                           | Subjects will fill out a questionnaire<br>and will be tested for HIV at 3 month<br>intervals for 3 years. Patients are<br>split into seropositive, seronegative,<br>and control groups.                                                                                                                                                                                                                                                                                                                                                   |

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Table B-3. --AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) (Continued), May 1988

| Name of program/<br>contract/grant                    | Organization/<br>contact                      | Amount             | Project<br>period         | Description                                                                                                                                                                                                                                            | Evaluative component                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------|-----------------------------------------------|--------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                       | Yale<br>University/<br>Barbert Kiehar         | \$25,104,<br>FY88  | 10/87<br>through<br>10/89 | Title: Drug Users and HIV-III: Clinical Course and Control of Spread. Target group: IVDA in treatment in New Haven. Interventions: HIV antibody testing, interviewing, and methadone maintenance.                                                      | A longitudinal study is evaluating the effectiveness of methadone maintenance in preventing the spread of HIV. Four groups (seropositive IVDA in New Haven, IVDA not in drug treatment, IVDA in a methadone maintenance program, and a control group) will be compared over 2 to 6 years. |
|                                                       | Youth<br>Project,<br>Inc./John<br>Watters     | \$204,300,<br>FY88 | 10/87<br>through<br>10/90 | Title: Seroprevalence and Sequelae Among IV Users in Two Cities (San Francisco and New York City). Target groups: IVDA from treatment programs and out-of-treatment. Interventions: HIV antibody testing.                                              | Will examine knowledge of risk factors, participation in risky behaviors, and seroprevalence.                                                                                                                                                                                             |
| Pediatric<br>Neonatal History<br>Studies <sup>1</sup> | University of<br>Maryland/<br>Johnson         | \$40,535,<br>FY88  | 10/87<br>through<br>10/92 | Title: AIDS Risk in Pregnant IV Drug Users and Their Children. Target groups: IVDA and their children. Interventions: HIV antibody testing and counseling. One purpose is to assess the impact of HIV infection and childbirth upon drug use behavior. | Subjects will be tested for HIV antibody. Followup will be conducted to compare drug use before and after identification of HIV positivity or childbirth. Infants will be screened at delivery and followed.                                                                              |
| Prevention-<br>Intervention<br>Studies <sup>1</sup>   | Cleveland<br>State<br>University/<br>Stephane | \$215,730,<br>FY88 | 10/87<br>through<br>10/89 | Title: An AIDS Prevention Program for IV Drug Users. Target group: IVDA. Interventions: compare 1 session and 3 session educational programs to prevent needle-sharing and sexual behavior.                                                            | 2 groups pre- and post-intervention design will be used to assess AIDS related knowledge and behaviors. Followup data will be collected 6 months after the intervention.                                                                                                                  |
|                                                       | Johns Hopkins<br>University/<br>Mandell       | \$103,060,<br>FY88 | 10/87<br>through<br>10/89 | Title: Prevention of HIV Infection in IV Drug Users. Target group: IVDA. Interventions: prospective random assignment comparative trial of structural counseling and a public health intervention (pamphlet).                                          | Will assess intentions to use sterile equipment, HIV seroconversion rates, and self-reported behaviors.                                                                                                                                                                                   |
|                                                       | Marquette and<br>Drug Research/<br>Weller     | \$280,845,<br>FY88 | 10/87<br>through<br>10/90 | Title: AIDS Risk Reduction Among IVDA on Parole. Target group: parolees. Interventions: randomized to HIV antibody testing and prevention training program or to no intervention.                                                                      | Will evaluate 1 year after prison discharge for AIDS knowledge and changes in drug and sexual behavior.                                                                                                                                                                                   |

Table B-1. AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) (Continued), May 1988

| Name of program/ Organization/ contract/grant                         | Amount          | Project period      | Description                                                                                                                                                                                                                                                                                                                                                                                                               | Evaluative component                                                                                                                                                                                                 |
|-----------------------------------------------------------------------|-----------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New York State Office of Alcohol and Substance Abuse Services/ Lipson | \$218,495, F166 | 10/87 through 10/91 | Title: Multi-assessment Experiment Involving Methadone. Target group: 1900s in methadone programs. Interventions: AIDS education, HIV antibody testing, contingency contracting, and peer support groups.                                                                                                                                                                                                                 | Two methadone programs will provide the interventions, and a third will serve as a control. Assessments of changes in knowledge, attitudes, and high risk behaviors will be made at base line and post-intervention. |
| Spectrum House, Inc./Lewis                                            | \$229,229, F166 | 10/87 through 10/90 | Title: AIDS Risk Reduction Interventions for IV Drug Users. Target group: 1900s admitted to a residential detoxification program. Interventions: 1900s are randomly assigned to 1 of 3 intervention groups: AIDS educational program during detoxification process, AIDS educational program after detoxification process, or educational program to teach skill and self-efficacy building and risk-reduction behaviors. | Assessments of knowledge and risk-reduction will be made during intervention and at 2 and 4 months after discharge.                                                                                                  |
| University of California, San Francisco/ Broadhead                    | \$115,876, F166 | 4/88 through 4/89   | Title: Community Outreach to Combat the Spread of AIDS. Target groups: 1900s and their sexual partners. Interventions: will identify marginal and effective components of providing risk reduction interventions to drug users not in treatment programs.                                                                                                                                                                 | This is an ethnographic study to examine the experience of using indigenous outreach workers as part of AIDS prevention interventions.                                                                               |
| University of California, San Francisco/ Marin                        | \$226,287, F166 | 10/87 through 10/89 | Title: Preventing AIDS in Latino Community and IV Drug Users' Families. Target group: families of Hispanic 1900s. Interventions: subjects will be randomly assigned to group educational approaches or to control conditions.                                                                                                                                                                                             | Pre- and post-intervention assessments will be made on beliefs and intentions regarding AIDS prevention.                                                                                                             |
| University of California, San Francisco/ Sorenson                     | \$193,069, F166 | 10/87 through 10/89 | Title: AIDS Prevention in Drug Abusers: Psychosocial Approach. Target group: IV opiate users. Interventions: 10-hour training program to a program of written materials.                                                                                                                                                                                                                                                  | Will analyze attitudes toward risk, behavior change, substance abuse status, and income status of experimental and comparison groups. In addition, a process evaluation of the program will be made.                 |
| University of Washington, Seattle/Calyn                               | \$147,212, F166 | 10/87 through 10/90 | Title: AIDS Prevention in IV Drug Users. Target group: 1900s. Interventions: educational package informing 1900s about high-risk drug abuse and sexual practices, and HIV antibody testing with the educational package.                                                                                                                                                                                                  | Pre- and post-intervention measures will be made for an experimental and a delayed treatment control group. Measures include knowledge, attitudes, and reduction of high risk behaviors.                             |
| Youth Environment Study/Feldman                                       | \$162,146, F166 | 10/87 through 10/90 | Title: Effects of Stop the Spread of AIDS Among IV Drug Users. Target group: 1900s in 2 areas of San Francisco. Interventions: AIDS education and community health outreach with 1900s from communities after program, information dissemination about needle-sharing practices.                                                                                                                                          | Evaluation will consist of 3 parts: an interrupted time series design conducted prior to the intervention, a matched case-control design conducted after introduction of the intervention and 1 year later.          |

Table B-1.--AIDS Education Programs Funded by Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) (Continued), May 1988

| Name of program/<br>contract/grant<br>organization/<br>contact | Amount             | Project<br>period         | Description                                                                                                                                                                                                                                                                                        | Evaluative component                                                                                                                                                                                                   |
|----------------------------------------------------------------|--------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Youth<br>Environment<br>Study/Feidman                          | \$182,148,<br>F788 | 10/87<br>through<br>10/90 | Title: Methods to Stop the Spread of AIDS<br>among IV Drug Users. Target group: IVUUs<br>in 2 areas of San Francisco. Interventions:<br>AIDS education and community health outreach<br>with IVUUs from communities after<br>program, information dissemination about<br>needle-sharing practices. | Evaluation will consist of 3 parts: an<br>ethnographic study of areas conducted<br>prior to the intervention, interviews<br>with IVUUs from communities after<br>introduction of the intervention and 1<br>year later. |

N.A. = Not Available

IVUUs = intravenous drug users

- a Table includes only those program components targeted to the general population, homosexual/bisexual men, IVUUs, sexually transmitted disease clinic attendees, and school-age youth.
- b Stover, E., Deputy Director, Division of Basic Sciences, National Institute of Mental Health, Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, U.S. Department of Health and Human Services, Rockville, MD, personal communication, April 18, 1988.
- c Curvy, M., Program Specialist, Division of Basic Sciences, National Institute of Mental Health, Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, U.S. Department of Health and Human Services, Rockville, MD, personal communication, May 19, 1988.
- d Kemp, V., Budget Analyst, National Institute of Mental Health, Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, U.S. Department of Health and Human Services, Rockville, MD, personal communication, May 19, 1988.
- e Boos, L., Administrative Coordinator, Center for AIDS Prevention Studies, University of California, San Francisco, CA, personal communication, May 19, 1988.
- f Moore, O., Administrative Analyst, Center for AIDS Prevention Studies, University of California, San Francisco, CA, personal communication, May 19, 1988.
- g Ehrhardt, A., Director, HIV Center for Clinical and Behavioral Studies, New York, NY, personal communication, May 8, 1988.
- h AIDS Record, "Federal Research Funding Opportunities," AIDS RECORD 21(4/9): 30, April 8, 1988.
- i Ansel, Z., Research Anthropologist, Clinical Medicine Branch, National Institute on Drug Abuse, Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, U.S. Department of Health and Human Services, Rockville, MD, personal communication, April 12, 1988, and May 16, 1988.
- j Weisman, G., Public Health Service Analyst, National Institute on Drug Abuse, Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, U.S. Department of Health and Human Services, Rockville, MD, personal communication, May 19, 1988.

SOURCE: Office of Technology Assessment, 1988.

Table B-2.--AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1984<sup>a</sup>

| Name of program/<br>contract/grant<br>contact                                                                                                     | Amount             | Project<br>period                                                           | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Evaluative component                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Center for Health Promotion and Education:</b>                                                                                                 |                    |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                |
| Cooperative<br>Agreement -<br>National<br>Programs for<br>School Health<br>Education to<br>Prevent the<br>Spread of AIDS<br>(SHEPSA) <sup>b</sup> | \$96,973,<br>FY87  | 9/28/87 N.A.<br>through<br>9/28/88<br>Renew-<br>able on<br>annual<br>basis. | 9/28/87 Target group: school superintendents<br>through (indirectly students). Interventions:<br>9/28/88 workshops providing facts and statistics<br>Renew- able on an effective comprehensive AIDS education<br>annual program, articles, and press releases.<br>basis.                                                                                                                                                                                                     | N.A.                                                                                                                                                                                                           |
| American<br>Association of<br>School<br>Administra-<br>tors/Ernie<br>Jones                                                                        | \$103,711,<br>FY87 |                                                                             | 9/28/87 Target groups: college staff and students<br>through (one staff member and student from each<br>9/28/88 participating school). Interventions:<br>Renew- regional AIDS education workshops by host<br>able on colleges with "train-the-trainer" format.<br>annual Sessions include AIDS education issues and<br>small group meetings on campus AIDS<br>prevention strategies. Training manual will<br>be developed after the workshop for use on<br>college campuses. | Will collect, summarize, and analyze 3<br>sampleary AIDS programs and 25 local<br>school district policies.                                                                                                    |
| American<br>College Health<br>Association/<br>Richard<br>Keeling                                                                                  | \$82,919,<br>FY87  |                                                                             | 9/28/87 Target groups: school-based professionals,<br>through students, and parents. Interventions:<br>9/28/88 training programs and workshops to dissem-<br>Renew- inate accurate and effective AIDS<br>able on information. Also, disseminate a fact sheet<br>annual on AIDS and educational resources and a<br>manual entitled "School Based AIDS<br>Education: A Multidisciplinary Approach to<br>Prevention."                                                           | Will implement and analyze needs<br>assessment questionnaire of school-<br>based professionals. Workshop will be<br>tested and evaluated so that the manual<br>as well as the workshop can be<br>disseminated. |
| Center for<br>Population<br>Options/Debra<br>Balfanz                                                                                              | \$99,888,<br>FY87  | 9/28/87 N.A.<br>through<br>9/28/88<br>Renew-<br>able on<br>annual<br>basis. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N.A.                                                                                                                                                                                                           |



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Table B-2. --AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/<br>contract/grant                                                                          | Organization/<br>contact | Amount            | Project<br>period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Description                                                                                                                                                                                                                          | Evaluative component                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Council of<br>Chief State<br>School<br>Officers/<br>Cynthia Brown                                           |                          | \$302,000,<br>FTR | 9/28/87 through<br>9/28/88<br>Renew-<br>annual<br>basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Target group: 37 State education agencies (indirectly students). Intervention: 3 2-9/28/88 day regional conferences which include a general session, a question and answer session on session, and 4 interactive workshops.          | Will conduct a survey to determine the status of AIDS education in the States (i.e., State policies, content of curricula). Will assess State plans implemented after the conference to determine needed technical assistance. |
| ETE<br>Associates/<br>Sandra Orelitz<br>Ludlow                                                              |                          | \$134,248,<br>FTR | 9/28/87 M.A.<br>through<br>9/28/88<br>Renew-<br>while on<br>annual<br>basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N.A.                                                                                                                                                                                                                                 | N.A.                                                                                                                                                                                                                           |
| National<br>Association of<br>State Boards<br>of Education/<br>Patricia<br>Mitchell,<br>Katherine<br>Freder |                          | \$134,277,<br>FTR | 9/28/87 Target group: State policymakers and through agencies, school staff, parents, and 9/28/88 community. Interventions: Will develop Renew- model policies and assist States in able on implementing effective policies to increase annual the number of schools providing AIDS education, to increase the number of youth receiving AIDS education and to increase the quality of that education.                                                                                                                                                                               | Information collected about successful and unsuccessful state policies and educational programs will be developed into guidelines. <u>Follow-up: A Guide to Effective AIDS Education</u> which is available to any requesting State. |                                                                                                                                                                                                                                |
| National<br>Coalition of<br>Advocates for<br>Students/Devon<br>Davidson                                     |                          | \$100,000,<br>FTR | 9/28/87 Target group: schools and CBOs serving through migrant, immigrant, and black rural 9/28/88 teenagers. Interventions: Information Renew- dissemination of an English/Spanish brochure able on from ETR Associates to CBOs and clinics in annual Florida and Texas; superintendents of targeted communities given sample education materials; newsletter mailed to over 400 child advocacy groups. Future intervention plans: disseminate videos in Spanish and Haitian Creole, audiotapes in Creole for use on Haitian radio stations, begin "training for trainers" program. | Nothing noted.                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |
| National<br>Coalition of<br>Hispanic<br>Health and<br>Human Services<br>Organizations/<br>Ivette Torres     |                          | \$117,784,<br>FTR | 9/28/87 Target group: agencies serving out-of- through school Hispanic youth between 12 and 17 9/28/88 years. Interventions: provide agencies Renew- with models, materials, and curricula; able on conduct inventory of Hispanic youth serving annual agencies in Chicago, El Paso, Los Angeles, New York, and San Juan; disseminate information to Hispanic elected officials; distribute articles in Spanish and English to print media; hold a training workshop and a forum.                                                                                                    | Assess agencies' capabilities and interest in providing education. Material will be critiqued by a committee for appropriateness and evaluation against culture specific criteria.                                                   |                                                                                                                                                                                                                                |

Table B-2.--AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/ Organization/<br>contract/grant contact                               | Amount             | Project<br>period             | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Evaluative component                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------|--------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| National<br>Network of<br>Runaway and<br>Youth<br>Services,<br>Inc./Benea<br>Woodworth | \$100,000,<br>FY87 | 9/28/87<br>through<br>9/28/88 | Target groups: youth serving agencies, through youth that go to centers or receive outreach services. Future target groups include foster parents, people in detention centers and in group homes. Interventions: annual disseminate 6 program modules; contact youth with families, medical and education services; groups/one-on-one counseling; street outreach; hotline; printed handouts; training for adults to help youth. Future interventions include disseminating materials to a broader service delivery area. | Conduct a survey to determine the current level of AIDS programs and gather successful AIDS education plans. Review program modules.                                                                                                                 |
| National<br>Organization<br>of Black<br>County<br>Officials/<br>Webster<br>Quillory    | \$100,000,<br>FY87 | 9/28/87<br>through<br>9/28/88 | Target groups: black and minority youth through aged 12 to 21 living in urban and rural communities. Interventions: National AIDS Runway Task Force and National AIDS/ABC Liaison able on Team forward; disseminate AIDS education annual brochures, articles, newsletters.                                                                                                                                                                                                                                                | Complete evaluation of needs assessment. Specifics not available.                                                                                                                                                                                    |
| National<br>PTA/Denise<br>Carter                                                       | \$103,711,<br>FY87 | 9/28/87<br>through<br>9/28/88 | Target groups: parents, PTAs at State, through district, council, and local levels (indirectly students). Interventions: Runway parent education meetings on AIDS and school able on health programs, intensify AIDS education annual activities in 3 States, awards and annual certificate of recognition programs, disseminate guidebooks and how to talk to your teens and children about AIDS.                                                                                                                         | Nothing noted.                                                                                                                                                                                                                                       |
| National Rural<br>and Small<br>Schools<br>Consortium/<br>Doris Neuge                   | \$104,400,<br>FY87 | 9/28/87<br>through<br>9/28/88 | N.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N.A.                                                                                                                                                                                                                                                 |
| National<br>School Boards<br>Association/<br>Dale Gaddy                                | \$98,825,<br>FY87  | 9/28/87<br>through<br>9/28/88 | Target groups: local school board members, through State school boards, teachers, parents, school health professionals (indirectly students). Interventions: training and able on programs addressing educational issues, annual national clearinghouse for local school boards, disseminate handbook (i.e., how to involve parents, guidelines for evaluating and selecting AIDS educational materials).                                                                                                                  | Baseline information is being collected on the number and nature of recent education meetings and the extent to which AIDS education is being provided by local school districts to students. Training program will be modified based on evaluation. |

Table B-2. --AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/<br>contract/grant                                                                                        | Organization/<br>contact                                          | Amount                                            | Project<br>period | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Evaluative component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State Programs<br>for School<br>Health Education<br>to Prevent the<br>Spread of AIDS<br>(SHEPSA) <sup>b</sup>             | 15 State<br>Education<br>Agencies<br>(SEAs)/varies<br>with agency | \$4.6<br>million<br>for both<br>SEAs and<br>LEAs. | 9/28/87           | Target groups include youth (in and out of school, in juvenile detention centers, drug rehabilitation facilities, in all grade levels). Delinquent and minority youth are on site targeted. Interventions include annual dissemination of age appropriate educational materials (English/Spanish), print and visual materials for mass media distribution, videos, a speakers' bureau, a clearinghouse, establishing groups outside of the classroom for discussion, and the establishment of peer theater groups for information dissemination. Host SEAs are incorporating AIDS education into a comprehensive health education program. | Host SEAs are collecting baseline information on the number and nature of educational programs being provided by school districts to students. Pre- and post-test measures will determine the level of AIDS-related knowledge, attitudes, and behavioral intent among the target groups. Questionnaires, surveys, and interviews will be used. One State school system will compare schools participating in AIDS education to nonparticipating schools to determine the need for AIDS education. Some schools will serve as a control group. Host SEAs will evaluate the materials being disseminated for age-appropriateness. |
| Local Programs<br>for School<br>Health Education<br>to Prevent the<br>Spread of AIDS<br>(SHEPSA) <sup>b</sup>             | 12 Local<br>Education<br>Agencies<br>(LEAs)/varies<br>with agency | \$4.6<br>million<br>for both<br>SEAs and<br>LEAs. | 9/28/87           | Target groups include youth (in and out of school/college, all grade levels, 9/28/88 minorities). Interventions include dissemination of AIDS awareness and prevention materials (English/Spanish), annual informational packets, speakers' bureau, education training sessions.                                                                                                                                                                                                                                                                                                                                                           | Host LEAs will evaluate the age-appropriateness of the educational materials. Will assess whether or not AIDS education programs have been incorporated with school health education. Questionnaires and surveys will be used. Host will use pre- and post-test measures of knowledge, attitudes, behavioral intentions, and behaviors. One LEA will analyze information about knowledge and behaviors of a representative sample of 500 out-of-school youth. All LEAs will provide reports to CDC.                                                                                                                             |
| Training/<br>Demonstration<br>Programs for<br>School Health<br>Education to<br>Prevent the<br>Spread of AIDS <sup>b</sup> | Michigan<br>Department of<br>Education/<br>Wanda Jubb             | \$250,000,<br>FTE <sup>c</sup>                    | 9/28/87           | Target group: representatives of local and through State education agencies. 9/28/88 Training/demonstration sessions will provide Renew- model criteria and guidelines for effective education, keeping students with AIDS in annual schools, working with the media, training in the selection and approval of AIDS educational materials. Information on the integration of AIDS education within a more comprehensive school health program as well as on methods to monitor the level of students' AIDS knowledge will be provided. Sessions held in 12/87, 3/88, 6/88, and 9/88.                                                      | Participants will fill out a preassessment instrument. A second assessment instrument will be filled out after the session. The session will be reformatted. Each participating number will fill out anticipated goals and will complete a number 2 months after the session.                                                                                                                                                                                                                                                                                                                                                   |

Table B-2.--AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/<br>contract/grant                                                                                                                   | Organization/<br>contact                                          | Amount             | Project<br>period | Description                                                                                                                                                                                                                                                                                                                                                                     | Evaluative component                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                      | New York State<br>Education<br>Department/<br>Arlene<br>Shaffield | \$240,000,<br>F767 | 9/28/87           | Target group: members of State educational through agencies. The Training/Demonstration Project will include 4 AIDS Education Renew Planning and Programming Conferences to address AIDS concerns within the schools. Each participant will receive 32 hours of annual training over 4 days.                                                                                    | Evaluation instruments will be administered to conference participants before and after the training program and given to an evaluator for analysis. The training will be reformatting in subsequent sessions. A 6-month followup questionnaire will be filled out to determine numbers level of action. |
|                                                                                                                                                      | San Francisco<br>Unified School<br>District/Jean<br>Harkin        | \$239,113,<br>F767 | 9/28/87           | Target groups: representatives from public through health agencies, community agencies, and 9/28/88 schools all who provide education to youth (in or out of school). Interventions: 3-4 day AIDS outreach and educational workshops, annual dissemination of informational packages, focus group meetings. Purpose: to determine effective strategies for prevention programs. | Pre- and post-test measures will be used to assess the current levels of knowledge and skills and problem areas. Followup surveys will be used. The evaluation is useful for determining which schools and community agencies are providing AIDS education.                                              |
| Integration of<br>Information on<br>AIDS, Smokeless<br>Tobacco, and<br>Suicide into<br>Growing Healthy<br>and Tennessee<br>Health Teaching<br>Models | Educational<br>Development<br>Center,<br>Inc./N.A.                | N.A.               | 9/28/87           | Will integrate AIDS information into through comprehensive school health curricula, GET Growing Healthy and Tennessee Health Teaching THIS Model.                                                                                                                                                                                                                               | N.A.                                                                                                                                                                                                                                                                                                     |
| Guidelines for<br>Effective School<br>Health Education<br>To Prevent the<br>Spread of AIDS                                                           | CDC/Jack<br>Jones, Lloyd<br>Kolbe                                 | N.A.               |                   | Printed Guidelines that provide information about in 1988 AIDS for educators and other personnel who on must implement AIDS education for youth to 1/28/88 prevent the transmission of HIV.                                                                                                                                                                                     | The extent to which school programs follow the guidelines.                                                                                                                                                                                                                                               |

Table B-2.--AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/<br>contract/grant<br>contact                                                          | Amount             | Project<br>period  | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Evaluative component                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Center for Prevention Services:                                                                        |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |
| AIDS Community<br>Demonstration<br>Projects<br>Dallas County<br>Health<br>Department/<br>Charles Haley | \$382,430,<br>FY88 | 9/29/85<br>9/28/89 | Target groups: minorities, through homosexual/bisexual men, adolescents, prostitutes, IVUDs in treatment, and the general Dallas community. Interventions: partner notification, media educational campaign, educational materials (English and Spanish), a speakers' bureau, school AIDS health education program, HIV antibody screening, and street education.                                                                                                                                                  | A longitudinal cohort study of gay men has begun. Surveys will be conducted before and after the interventions for homosexual/bisexual men, minorities, IVUDs, and heterosexuals with multiple sex partners. Teachers' knowledge of AIDS will be evaluated. Condom sales may also be monitored. |
| Denver City<br>and County<br>Health<br>Department/<br>David Cohn                                       | \$603,301,<br>FY88 | 9/29/85<br>9/28/89 | Target groups: homosexual/bisexual men. through Next fiscal year. IVUDs in methadone treatment will be targeted. Interventions: information about AIDS provided through mass media, HIV testing and counseling (includes instruction on proper use of condoms and negotiating safer sex), and behavioral studies to monitor HIV spread.                                                                                                                                                                            | Longitudinal study of changes in knowledge, attitudes, beliefs, self-reported sexual behavior and seroprevalence among a cohort of 340 men.                                                                                                                                                     |
| New York State<br>Health<br>Department/<br>Carolyn Becker                                              | \$727,739,<br>FY88 | 9/29/85<br>9/28/89 | Cities included in this grant: New York City and Albany. Target groups: homosexual/bisexual men in a "closed" community. Narcotics and Drug Research, a subcontractor, targets IVUDs not in treatment. Interventions: homosexual/bisexual men--mass media, HIV testing and counseling, instructions on condom use; IVUDs--antibody testing and counseling, information dissemination for IVUDs and sexual partners at an STD clinic. Impact on drug use, sexual behavior, and marital relations will be evaluated. | A cohort of 450 homosexual/bisexual men are being followed to assess changes in seroprevalence due to the interventions.                                                                                                                                                                        |
| Seattle-King<br>County Health<br>Department/<br>Robert Wood                                            | \$874,667,<br>FY88 | 9/29/85<br>9/28/89 | Target groups: gay men, street youths, through IVUDs, and others at risk. Interventions: 1) a mass media educational campaign called "Please Be Safe," 2) outreach for youth, 3) relapse prevention to maintain changed behavior (including sexual) among alcoholics and drug users, 4) counseling and/or HIV testing in the AIDS Assessment Clinic.                                                                                                                                                               | A cohort of approximately 800 men are being followed to monitor changes in knowledge, attitudes, beliefs, and self-reported sexual behaviors. There is also a pre- and post-test evaluation component of the AIDS school curriculum intervention.                                               |

Table B-2.--AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1986 (Continued)

| Name of program/<br>contract/grant                                                              | Organization/<br>contract                                                          | Amount             | Project<br>period  | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Evaluative component                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                 | Chicago<br>Department of<br>Health/Lonnie<br>Ederda                                | \$734,977,<br>FY86 | 9/29/86<br>9/29/86 | Target groups: prostitutes, IVUDs, street<br>through youth, homosexual adolescents, and<br>populations. Interventions: Information<br>dissemination. Prostitutes are contacted in<br>jails, courts, and on street corners; IVUDs<br>where they buy and use drugs; and youth in<br>shelters.                                                                                                                                                                                                                                                           | Changes in knowledge, beliefs,<br>attitudes, and self-reported high-risk<br>sexual behavior will be monitored in<br>cohorts. A representative telephone<br>survey will be conducted to assess<br>prevalent sexual behavior. |
|                                                                                                 | Long Beach<br>Department of<br>Public<br>Health/Wancy<br>Corby                     | \$676,083,<br>FY86 | 9/29/86<br>9/29/86 | Target groups: homosexual/bisexual men,<br>through IVUDs, minorities, prostitutes.<br>Interventions: Subcontracting<br>agencies/universities will develop and<br>implement AIDS educational approaches<br>(computer based, print and electronic media)<br>for university students, FGA for<br>prostitutes and IVUDs, mass media messages<br>to minorities, recreational and social<br>activities for gays as an alternative to<br>bars and bathhouses, and HIV antibody<br>testing for all to assess impact on sexual<br>and health-related behavior. | A cohort of gay men will be followed to<br>measure changes in knowledge,<br>attitudes, beliefs, and self-reported<br>sexual behaviors. Risk-taking and<br>evidence behavior will be monitored.                              |
| Data Management<br>and Analysis<br>Contract for<br>AIDS Community<br>Demonstration<br>Projects* | Professional<br>Management<br>Associates,<br>Inc.<br>(PMA)/Kevin<br>O'Reilly (CDC) | \$423,000,<br>FY86 | 9/1/86<br>8/31/86  | (1) Provide data processing and statistical<br>analysis; (2) conduct univariate, bivariate,<br>and multivariate analysis of the data; and<br>(3) transfer data from each site and correct<br>errors.                                                                                                                                                                                                                                                                                                                                                  | PMA will submit quarterly narrative<br>reports and ongoing evaluation. Will<br>develop questionnaire data from each<br>site and provide meaningful<br>interpretations of the data.                                          |
| AIDS Education<br>for Public<br>Officials                                                       | United States<br>Conference of<br>Mayors<br>(USCM)/Matthew<br>Murgula              | \$566,130,<br>FY87 | 5/1/84<br>5/31/88  | USCM subcontracted to CMOs. CMO target<br>groups include blacks, Hispanics, American<br>Indians, adults, teens, women, homosexuals,<br>IVUDs, prison inmates, prostitutes, STD<br>clients. Interventions include "safer sex<br>parties," condom distribution, media<br>campaigns, FGA, brochures, seminars,<br>billboards, posters, t-shirts, counseling,<br>information telephone line, education<br>workshops, and focus groups.                                                                                                                    | CMOs will conduct some sort of<br>evaluation. Typically, this involves<br>pre- and post-test surveys. Also, CMOs<br>may monitor the number of items<br>distributed as a result of the<br>intervention.                      |
| Innovative<br>Projects for<br>Risk Reduction**                                                  | Marcolic &<br>Drug Research,<br>Inc./Don Des<br>Jarlais                            | \$311,322<br>total | 6/1/86<br>5/31/88  | Target group: potential IVUDs.<br>through Intervention: Information about prevention<br>and treatment of drug abuse is disseminated<br>to small groups. Role modeling is used to<br>empower individuals to resist trying drugs.                                                                                                                                                                                                                                                                                                                       | Evaluation of intervention will be<br>completed in 1988. Specifics not<br>available.                                                                                                                                        |



Table B-2.--AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/<br>contract/grant | Organization/<br>contact                                           | Amount             | Project<br>period             | Description                                                                                                                                                                                                                                                                                                                                                                                                      | Evaluative component                                                                                                                                                                               |
|------------------------------------|--------------------------------------------------------------------|--------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    | Gay Men's<br>Health Crisis,<br>Inc./Joanne<br>Mantel               | \$680,279<br>total | 5/1/86<br>through<br>7/31/88  | Target group: homosexual/bisexual men.<br>Interventions: 1st year--studied effectiveness of 3 educational strategies for risk-reduction; 2nd year--developed a single core intervention strategy based on the results of the 1st year strategies. The effectiveness of a single session videotape intervention in a community setting (i.e., homosexual bars, bathhouses, and adult theaters) is being assessed. | Evaluations of the core intervention strategy, the videotape-based intervention, and interventions for homosexual/bisexual male prisoners and men with chemical dependency disorders are underway. |
|                                    | Beth Israel<br>Medical<br>Center/Stanley<br>Yancovitz              | \$375,327<br>total | 9/28/86<br>through<br>9/28/88 | Target group: IVUDs on a waiting list for treatment. Intervention: AIDS-related information is given in combination with an interim methadone treatment program.                                                                                                                                                                                                                                                 | Evaluation has shown that IVUDs on methadone are stabilizing and chemical dependency problems are diminishing. Each client serves as his/her own control.                                          |
|                                    | Memorial<br>Sloan-<br>Kettering<br>Cancer<br>Center/Susan<br>Troas | \$375,100<br>total | 2/15/86<br>through<br>2/14/88 | Target group: 3 groups of homosexual men at various levels of vulnerability to HIV. Interventions: psychological skills training and videotape for risk reduction. Extended to<br>8/14/88                                                                                                                                                                                                                        | Subjects are involved in a randomized trial to examine the impact of interventions on AIDS risk behavior and subjective stress. Evaluation should be completed in 1988.                            |
|                                    | University of<br>Pittsburgh/<br>Ronald<br>Valdiserri               | \$258,837<br>total | 2/15/86<br>through<br>5/31/88 | Target group: homosexual men. The effectiveness of 2 different interventions will be determined--single session education versus single session education with skills and self-efficacy training.                                                                                                                                                                                                                | Preliminary results from the evaluation suggest education with skills and self-efficacy training is effective in reducing risk.                                                                    |
|                                    | Ohio<br>Department of<br>Health/Rob<br>Campbell                    | \$66,943<br>total  | 4/15/86<br>through<br>4/30/88 | Target groups: homosexual/bisexual men. Intervention: educational/promotional campaign to gay/bisexual men in<br>Extend--<br>Cleveland, Columbus, and Cincinnati.<br>ed to<br>10/88.                                                                                                                                                                                                                             | Results of evaluation expected in 1988. Specifics not available.                                                                                                                                   |
|                                    | AIDS<br>Project/Los<br>Angeles/<br>Charles Lewis                   | \$233,632<br>total | 9/29/86<br>through<br>6/30/88 | Target group: homosexual/bisexual men. Purpose: to determine the usefulness of telephone interviews to identify men with insufficient AIDS knowledge and who engage in high risk behaviors. The impact of increasing access to information and counseling for high-risk individuals will be assessed.                                                                                                            | Results of evaluation expected in 1988. Specifics not available.                                                                                                                                   |

Table B-2.--AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1980 (Continued)

| Name of program/<br>contract/grant                                                    | Organization/<br>contact                                                                | Amount                             | Project<br>period                                                                                                                                                                        | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Evaluative component                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AIDS Prevention<br>Projects <sup>14b</sup>                                            | 50 States,<br>cities, and<br>territories/<br>Varies by<br>State, city,<br>and territory | \$47<br>million<br>for 8<br>months | Period<br>varies<br>from 1<br>to 5<br>years                                                                                                                                              | <p>Project Purpose: to maintain and measure behavioral change among members of the general population and specific groups to reduce HIV knowledge, attitude, and behavior transmission, and to develop effective, culturally relevant programs to educate the general population especially minorities.</p> <p>Target groups: For FY87--(1) a refer to proportion of AIDS Prevention Projects targeted to certain groups) General population (85%), homosexual/bisexual men (83%), IVDA (84%), prostitutes (48%), sex partners (70%), HIV infected (64%), school (68%), Blacks (60%), Hispanics (51%).</p> <p>Interventions: FY87 examples--speakers' bureau, hotlines, AIDS school curriculum, partner notification, PDA, HIV testing and counseling, drug treatment program counseling, dissemination of educational materials (brochures, Surgeon General's Report, posters, videotapes, manuals), educational media campaigns, drama presentations, IVDA Outreach Program, and others. FY88 activities will include conducting an ongoing surveillance of target groups in order to target prevention activities, public information campaigns, and partner notification (as well as these activities mentioned above).</p> | Programs are evaluated on an individual basis. Periodic assessments of knowledge, attitude, and behavior change will be conducted. CDC is not providing a "systematic, standard protocol" for evaluation.                                                                                                        |
| Perinatal AIDS<br>Prevention<br>Community<br>Demonstration<br>Projects <sup>14c</sup> | New<br>Jersey/George<br>Belvin                                                          | Less than<br>\$750,000<br>for FY88 | Began<br>9/1/87<br>with 5<br>months<br>dura-<br>tion.<br>Continue<br>-ation<br>grants<br>avail-<br>able<br>each<br>year<br>for a<br>possi-<br>ble<br>project<br>period<br>of 5<br>years. | <p>Target group: women at high risk for HIV infection in Jersey City, Newark, and Paterson who are attending medical clinics, Planned Parenthood clinics, and drug abuse treatment. Interventions: identify women who are not affiliated with the health care system and ascertain their knowledge, attitudes, intentions about HIV infection and pregnancy through surveys, questionnaires, and interviews. From this information, develop effective methods of contraceptive practices. Provide counseling and outreach using street workers.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Will evaluate how well women at risk are identified and whether or not they are using effective contraception. Will determine if women are using more effective contraception after the intervention and determine reasons why HIV + women still want to become pregnant in order to target educational efforts. |

Table B-2.--AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/<br>contract/grant                          | Organization/<br>contact                           | Amount                | Project<br>period            | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Evaluative component                                                                                                                                                                                   |
|-------------------------------------------------------------|----------------------------------------------------|-----------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                             | Massachusetts, N.A.<br>New<br>York/Robert<br>Levin |                       |                              | Target group: women at high risk for HIV infection who attend medical clinics, with 3 planned parenthood clinics, and drug abuse treatment. Interventions: identify women who are not affiliated with the health care system and ascertain their knowledge, attitudes, and intentions about HIV infection and pregnancy through surveys, grants questionnaires, and interviews. From this information, develop effective methods of contraceptive practices and determine each reasons why HIV + women still want to become pregnant in order to target educational efforts. | Will evaluate how well women at risk are identified and whether are not they are using effective contraception. Will determine if women are using more effective contraception after the intervention. |
|                                                             | Houston,<br>Texas/Elaine<br>McParlin               | \$226,000<br>for FY88 | 0/1/87<br>through<br>6/31/88 | Target group: women at high risk for HIV infection attending local health departments, STD clinics, family planning clinics, and perinatal clinics. Interventions: identify women who are not affiliated with the health care system and ascertain their knowledge, attitudes, intentions about HIV infection and pregnancy through surveys, questionnaires, and interviews. From this information, develop effective methods of contraceptive practices and determine reasons why HIV + women still want to become pregnant in order to target educational efforts.         | Will evaluate how well women at risk are identified and whether are not they are using effective contraception. Will determine if women are using more effective contraception after the intervention. |
| Up to six new<br>projects in<br>FY88/Stuart<br>Berman (CDC) |                                                    | \$5 million           | 3 to 5<br>years              | Applications are due July 15, 1988 for new projects. Will target women at high risk for HIV infection                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                        |

Table B-2. --AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/<br>contract/grant                       | Organization/<br>contact                                                  | Amount                                                                                                                                                                                          | Project<br>period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Evaluative component |
|----------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| National Information/Education Program                   |                                                                           |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |
| National AIDS<br>Information/<br>Education<br>Campaign-J | Qgilvy and<br>Hether (O & H)<br>Public<br>Affairs/Laurie<br>Sherman (CDC) | 1st year:<br>\$4,676,989 through<br>7/30/89<br>2nd year:<br>\$2,036,829<br>Total with<br>additional<br>work<br>\$6,713,818<br>(outstand-<br>ing change<br>in orders<br>about \$1.5<br>million.) | 7/31/87 Title: American Responds to AIDS. Target<br>groups: Wave I--general population, Blacks,<br>and Hispanics (August-December 1987); Wave<br>II--general population, women at risk<br>(May/June 1988); Wave III--general<br>population, sexually active adults<br>(July/August 1988); and Wave IV--general<br>population, parents and teens (Fall 1988).<br>Interventions include mass media events (PMA<br>campaign outreach, radio shows, magazines,<br>newspapers, billboards, newsletters, video<br>materials), dissemination of print ads,<br>brochures (e.g., "What You Should Know About<br>AIDS"), posters (every wave except the<br>first), and the national mailing of<br>"Understanding AIDS." Conferences,<br>meetings, and workshops were also held.<br>Special audience programs will be developed<br>for Blacks, Hispanics, homosexual/bisexual<br>men, and IVUUs. | The goal of the campaign is to change<br>people's attitudes and shift the<br>environment (i.e., more compassion for<br>AIDS victims), and through these<br>attitude changes affect behavior.<br>Materials are reviewed and tested in<br>focus groups. Results from the August<br>1987 National Center for Health<br>Statistics (NCHS) "AIDS Knowledge and<br>Attitudes" survey serve as baseline<br>data of the public's knowledge and<br>attitudes. Evaluation is being<br>conducted by analyzing the data from<br>the NCHS survey (conducted monthly<br>August through December 1987 and<br>resuming in April 1988; behavior ques-<br>tions on testing and counseling will be<br>included in June 1988 survey),<br>analyzing the <b>RECOGNIZE ADVERTISING</b><br><b>REPORT</b> which estimates dollar figures<br>for the number of PMA aired, and<br>monitoring the number of news articles<br>appearing in papers and journals.<br>Comparison of the number of calls to<br>the hotline for each month during the<br>campaign serves as another indicator.<br>See also Neuro Systems contract. |                      |

Table B-2. --AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/<br>contract/grant                                                           | Organization/<br>contact                                     | Amount                                                                                                         | Project<br>period          | Description                                                                                                                                                                                                                                                                                                                                                                                               | Evaluative component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| National<br>mailing                                                                          | Qgilvy and<br>Hether Public<br>Affairs/Ken<br>Williams (CDC) | Funds<br>included<br>in change<br>of orders<br>under<br>National/<br>Informa-<br>tion<br>Education<br>Campaign | 1/88<br>through<br>7/88    | Every household and post office box in the United States and all territories and Puerto Rico will receive a copy of the document in May. Puerto Rican residents will get the document in Spanish with a phone number to order an English one. English brochures list a phone number to call to order Spanish brochures and vice versa. Objective: increase knowledge and influence attitudes and beliefs. | Several evaluation measures: (1) Will analyze National Center for Health Statistics (NCHS) "AIDS Knowledge and Attitudes" survey. The May 1988 survey responses serve as baseline data. Questions about the mailout will be contained in the June and July surveys. Private polling agencies are also analyzing the effect. (2) Will assess the impact of the mailout through content and numeric analysis of the media (print, video, television, and radio). The <i>RESEARCH ADVISORY BOARD</i> will estimate dollar figures for the number of PAs aired. (3) Analytical components are contained in the National AIDS Hotline and the National AIDS Information Clearinghouse. ATEC will list the area codes for calls made to the hotline (taped message and operator assisted calls) in order to see where most callers are located. The Clearinghouse will provide written reports on the number of letters requesting the mailer as well as the number mentioning the mailer. Zip codes will be analyzed to determine where most requesters are located. (4) Will monitor the utilization of counseling and testing facilities as well as STD clinics, drug abuse treatment facilities, family planning clinics, and private labs. |
| National AIDS<br>Information<br>Education<br>Minority<br>Outreach<br>Initiative <sup>1</sup> | National<br>ethnic/<br>minority<br>organizations             | \$6 million                                                                                                    | 1 year<br>budget<br>period | The National Minority Outreach Initiative will make awards to a maximum of 50 national ethnic minority organizations July 1988. The awards will vary between \$100,000 to \$300,000 for a 1 year budget period.                                                                                                                                                                                           | Will be written in grant proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Table B-2. --AIDS Education Program Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/ Organization/<br>contract/grant contact                                                                              | Amount                                                                                              | Project<br>period              | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Evaluative component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| National AIDS<br>Hotline <sup>a</sup>                                                                                                 | Originally funded for \$1.5 million and expanded to \$10.1 million for optional years and expansion | Funded from 8/88 through 8/90. | 1-800-342-AIDS. The hotline provides information and referral services 24 hours a day/7 days a week to people in all States, D.C., Puerto Rico, and the Virgin Islands. The taped message describes what AIDS is, how it is and is not transmitted, risk behaviors and how to eliminate them, testing and where to go. A number is given at the end of the message for people who would like to talk to an operator or are interested in obtaining publications/information. Bilingual operators are available for Hispanic callers. | The American Social Health Association is providing a subcontract to the Association of State and Territorial Health Officers to evaluate the external process of the hotline. Members of the Public Health Foundation call the hotline randomly to determine the responsiveness of the system (i.e., Is the taped message running properly? Is it audible? How many rings before the message comes on or the operators answer? Are the operators responsive to the questions, and how are the interpersonal relationships with the operators?). CDC is not providing a separate evaluation. |
| National AIDS<br>Information<br>Clearinghouse <sup>a</sup>                                                                            | Received \$4.5 million from 8/87 to 8/89 (base year with 2 year options)                            | 9/30/87 through 8/30/89        | Clearinghouse provides an inventory of available AIDS information and educational services and will assist State and local AIDS personnel in using the database. The clearinghouse will help in determining information gaps for particular service groups. Specialists are available for black and Hispanic populations.                                                                                                                                                                                                            | No formalized evaluation is planned. No quality impact evaluation has been planned yet. There may be a process based evaluation with some outcome evaluation.                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Cooperative<br>Agreement -<br>Health Education<br>and Information<br>Program to<br>Prevent AIDS <sup>a</sup>                          | Total of \$1 million with supply-<br>Beverly<br>Schwartz (CDC)                                      | 9/1/88 through 9/1/89          | This grant will be announced in June 1988. 10 agreements will be awarded by September 1, 1988 to national organizations and national consortiums to develop and implement effective health education and information programs while building innovative coalitions; the awards will range from \$25,000 to \$150,000.                                                                                                                                                                                                                | Grantees will write evaluation components in their proposals. Overall evaluation of the program will examine the numbers of people spoken with, contacts developed, and diverse partnerships created.                                                                                                                                                                                                                                                                                                                                                                                        |
| Cooperative<br>Agreement -<br>Development and<br>Distribution of<br>American Red<br>Cross AIDS<br>Education<br>Materials <sup>a</sup> | Up to \$7 million<br>American Red<br>Cross/Beverly<br>Schwartz (CDC)                                | 6/1/88 through 6/1/89          | Target groups: general population, ethnic minorities, youth, and people in the workplace. Interventions: information and education programs. Will update and revise their brochures and develop 3 new brochures.                                                                                                                                                                                                                                                                                                                     | Determine if process and impact objectives have been met for the projects, but there is no overall program evaluation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



Table B-2. --AIDS Education Programs Funded by the Centers for Disease Control (CDC), May 1988 (Continued)

| Name of program/<br>contract/grant                                          | Organization/<br>contact         | Amount             | Project<br>period                | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Evaluative component                |
|-----------------------------------------------------------------------------|----------------------------------|--------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| National<br>Information/<br>Education<br>Program<br>Evaluation <sup>k</sup> | Macro<br>Systems/Marty<br>Kotler | \$148,000,<br>F788 | 9/87<br>through<br>7 or<br>8/88. | Purpose: to develop an overall evaluation<br>plan for the National AIDS<br>Information/Education Program including an<br>evaluation of the National<br>Information/Education Campaign. Currently,<br>getting baseline data about what CDC, CBOs,<br>and other major organizations expect from<br>the program (i.e., goals and objectives) in<br>order to determine if evaluation of the<br>program is possible. Will determine the<br>processes necessary in order to meet goals<br>and objectives. | This grant itself is an evaluation. |

N.A. = Not Available

CBOs = community based organizations

IVDs = intravenous drug users

FEds = public service announcements

STD = sexually transmitted disease

- <sup>a</sup> Table includes only those program components targeted to the general population, homosexual/bisexual men, IVUs, STD clinic attendees, and school-age youth.
- <sup>b</sup> Duncan, C., Center for Health Promotion and Education, Office of School Health and Special Projects, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA, personal communication, March 15, 1988, and May 19, 1988.
- <sup>c</sup> U.S. Department of Health and Human Services, Public Health Service, Atlanta, GA, personal communication, March 15, 1988, and May 19, 1988.
- <sup>d</sup> Education to Prevent the Spread of AIDS, "Handbook and Bibliography," National AIDS Information/Education Program, Centers for Disease Control, Atlanta, GA, personal communication, September 30, 1987.
- <sup>e</sup> O'Reilly, K., Research Anthropologist, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA, personal communication, September 30, 1987.
- <sup>f</sup> Conlon, D., Public Health Advisor, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA, personal communication, April 13, 1988, and May 12, 1988.
- <sup>g</sup> Margulis, M., Assistant Executive Director, U.S. Conference of Mayors, Washington, D.C., personal communication, March 16, 1988.
- <sup>h</sup> U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Prevention Services, Division of Sexually Transmitted Diseases, "Division of Sexually Transmitted Diseases and STD Laboratory Program Annual Report 1987-1988," Internal document, Atlanta, GA, December 1987.
- <sup>i</sup> 53 FR 3356.
- <sup>j</sup> Bowen, S., Deputy Director, Center for Prevention Services, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA, personal communication, March 17, 1988.
- <sup>k</sup> Shepard, M., Information/Education Specialist, National AIDS Information/Education Program, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA, personal communication, April 15, 1988.
- <sup>l</sup> Williams, K., Program Analyst, National Information/Education Program, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA, personal communication, May 18, 1988.
- <sup>m</sup> Duncan, W., National AIDS Information/Education Program, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA, personal communication, March 15, 1988.
- <sup>n</sup> Baker, T., Chief, Information Services, National AIDS Information/Education Program, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA, personal communication, April 21, 1988.
- <sup>o</sup> Bates, R., Project Manager, Aspen Systems Corporation, Rockville, MD, personal communication, May 6, 1988.
- <sup>p</sup> Schwartz, B., Information/Education Specialist, National AIDS Information/Education Program, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA, personal communication, April 20, 1988.

SOURCE: Office of Technology Assessment, 1988.

Table B-3.--AIDS Education Programs Funded by the Department of Defense (DoD), May 1982<sup>a</sup>

| Name of program/<br>contract/grant                                                                               | Organization/<br>contact                                           | Amount                                    | Project<br>period                                        | Description                                                                                                                                                                                                                                                                                                                  | Evaluative component                                                                             |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Office of the Assistant Secretary of Defense (Health Affairs):</b>                                            |                                                                    |                                           |                                                          |                                                                                                                                                                                                                                                                                                                              |                                                                                                  |
| AIDS education<br>units <sup>b</sup>                                                                             | Department of<br>Defense<br>Dependent<br>Schools/Frank<br>Gallivan | N.A.                                      | N.A.                                                     | Target groups: junior high and high school students overseas. Interventions: dissemination of videos ("Sex, Drugs, and AIDS" and "The AIDS Movie") and booklets ("Teacher Student Guides").                                                                                                                                  | N.A.                                                                                             |
| 1988 Department<br>of Defense Abuse<br>and Health<br>Behaviors Survey<br>of Military<br>Personnel <sup>b,c</sup> | DoD/Col<br>Pejerson                                                | N.A.                                      | N.A.                                                     | Survey will include questions about HIV knowledge and attitudes from the National Health Interview Survey. Purpose: improve educational interventions to the troops. Preliminary data are expected fall 1988.                                                                                                                | The survey itself is an evaluation of the DoD's educational programs.                            |
| Educational<br>films, briefing<br>packets, slide<br>presentations,<br>and other<br>materials <sup>b</sup>        | Military<br>Services/<br>Antionette<br>Hagy                        | \$137,800,<br>FY86 and<br>FY87            | FY86<br>and<br>FY87                                      | Target group: general military audience. Intervention: dissemination of films ("Beyond Fear" produced by the American Red Cross and "Facts Over Fears" distributed by MTI Film and Video) by Service Audiovisual Distribution Centers, briefing packets, slide presentations, and materials targeted for specific audiences. | Knowledge and attitudes will be assessed by the DoD Substance Abuse and Health Behaviors Survey. |
| Films <sup>b</sup>                                                                                               | DoD/Antionette<br>Hagy                                             | \$71,500,<br>FY86 and<br>FY87             | Pur-<br>chased<br>and<br>distrib-<br>uted<br>in<br>1986. | Target group: general military audience. Intervention: dissemination of "AIDS: Fears and Facts." The film was provided by the Public Health Service.                                                                                                                                                                         | Knowledge and attitudes will be assessed by the DoD Substance Abuse and Health Behaviors Survey. |
| Public service<br>television<br>spots <sup>b,c</sup>                                                             | DoD/Antionette<br>Hagy                                             | Only<br>reproduc-<br>tion<br>costs.       | N.A.                                                     | Target group: military troops overseas. Intervention: 39 television spots.                                                                                                                                                                                                                                                   | Knowledge and attitudes will be assessed by the DoD Substance Abuse and Health Behaviors Survey. |
| Publication <sup>b,c</sup>                                                                                       | Channing L.<br>Bete Co., Inc./<br>Antionette<br>Hagy (DoD)         | \$153,000<br>for 1.6<br>million<br>copies | Pur-<br>chased<br>for<br>1986-87                         | Target group: general military audience. Intervention: dissemination of "What You Should Know About HTLV-III."                                                                                                                                                                                                               | Knowledge and attitudes will be assessed by the DoD Substance Abuse and Health Behaviors Survey. |

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Table 8-3.--AIDS Education Programs Funded by the Department of Defense (DoD), May 1988 (Continued)

| Name of program/<br>contract/grant                                                                                                                 | Organization/<br>contact                            | Amount                                                                           | Project<br>period | Description                                                                                                                                     | Evaluative component                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Publication <sup>b,c</sup>                                                                                                                         | Not yet<br>determined/<br>Antionette<br>Hagey (DoD) | Not yet<br>deter-<br>mined.<br>1.8<br>million<br>copies<br>have been<br>ordered. | Not yet           | Not yet Target group: general military audience.<br>deter- Intervention: dissemination of "How to<br>mined Protect Yourself from HIV and AIDS." | Knowledge and attitudes will be<br>assessed by the DoD Substance Abuse and<br>Health Behaviors Survey.    |
| Impact<br>Assessment of<br>Walter Reid Army<br>Institute of<br>Research (WRAIR)<br>Education and<br>Prevention<br>Program for<br>AIDS <sup>d</sup> | Not yet<br>determined/<br>David Uddin<br>(DoD)      | Not yet<br>determined years.                                                     | 2                 | Will assess military educational programs.                                                                                                      | Quarterly reports will be submitted,<br>and technical reviews will be conducted<br>on a continuing basis. |

N.A. = Not Available

<sup>a</sup> Table includes only educational program components and does not include separate educational activities undertaken by each Military Service (e.g., Army, Navy, Air Force, Marines).

<sup>b</sup> Marzuchi, J.F., Acting Deputy Assistant Secretary (Professional Affairs and Quality Assurance), Office of the Assistant Secretary of Defense, Department of Defense, Washington, D.C., personal communication, May 6, 1988.

<sup>c</sup> Hagey, A., Senior Program Analyst for Health Promotion, Assistant Secretary of Defense (Health Affairs), Department of Defense, Washington, D.C., personal communication, Washington, D.C., May 4, 1988.

<sup>d</sup> Uddin, D., Senior Policy Analyst for Medical Research, Office of the Assistant Secretary for Defense (Health Affairs), Department of Defense, personal communication, Washington, D.C., May 16, 1988.

SOURCE: Office of Technology Assessment, 1988.

Table B-4. --AIDS Education Programs Funded by the Department of Education, May 1985<sup>a,b</sup>

| Name of program/<br>contract/grant                                                                    | Organization/<br>contact                                                | Amount                                                                                                                                | Project<br>period                                                                | Description                                                                                                                                                                                                                  | Evaluative component                                                                                          |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| AIDS and the<br>Education of Our Education/<br>Children: Guide Michael<br>for Parents and<br>Teachers | Department of<br>Education/<br>Guida Michael<br>and Jackson<br>Teachers | Approx-<br>imately \$1<br>million<br>(from<br>discre-<br>tionary<br>funds) to<br>print and<br>distribute<br>1.7<br>million<br>copies. | Printed<br>on<br>10/6/87.<br>Will<br>print as<br>long as<br>requests<br>continue | A guide for parents and teachers to help<br>explain to children facts about AIDS, how to pamphlets requested and distributed<br>reduce contracting AIDS; provides sources of (over 2 million copies so far).<br>information. | Evaluation limited to the number of<br>pamphlets requested and distributed<br>(over 2 million copies so far). |

<sup>a</sup> Jackson, M., Special Assistant to the Director of Public Affairs, Department of Education, Washington, D.C., personal communication, March 11, 1988.

<sup>b</sup> Walters, J., Assistant to the Secretary, Department of Education, Washington, D.C., personal communication, April 8, 1988.

SOURCE: Office of Technology Assessment, 1988.

Table B-5. "AIDS Education Programs Funded by Health Resources and Services Administration (HRSA), May 1988"

| Name of program/<br>contract/grant contact                                   | Amount                                                                        | Project<br>period                         | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Evaluative component                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bureau of Maternal and Child Health and Resources Development:</b>        |                                                                               |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                              |
| Pediatric AIDS<br>Demonstration<br>Grants <sup>b</sup>                       | Private<br>entities, non-<br>profit and<br>profit/John<br>Hutchings<br>(HRSA) | \$4,435<br>million,<br>FY88               | 1 to 3<br>years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Will be written in grant proposals. In applications read, thus far, the type of evaluation that will be done includes counting the number of education programs and the number of people in the audience receiving the education. Some grantees comment that they are not sure how to conduct evaluation for this new grant. |
| Regionalized<br>Family Stress<br>and Risk<br>Reduction<br>Teams <sup>c</sup> | National<br>Hemophilia<br>Foundation/<br>Sharon Barrett<br>(HRSA)             | \$6.3<br>million<br>for<br>upcoming<br>FY | Con-<br>tinuous (hemophilia, spouse, and family). Each<br>funding. Hemophilia diagnostic and treatment center<br>AIDS offers different educational interventions<br>supple- to the target group (i.e., one-on-one<br>ments counseling, group sessions, dissemination of<br>pamphlets dealing with teenagers and sexual<br>intimacy, women, questions most often asked<br>about AIDS and hemophilia). The National<br>Hemophilia Foundation also operates as a<br>clearinghouse for AIDS-related materials. | Currently, no formal evaluation, but<br>will develop an evaluation tool in the<br>future. Outcome data are being<br>collected (i.e., activities and<br>strategies going on in the field).                                                                                                                                    |
| Demonstration<br>grants <sup>d</sup>                                         | National<br>Hemophilia<br>Foundation/<br>Sharon Barrett<br>(HRSA)             | \$200,000<br>Total                        | 7/1/88<br>through to 10 chapters within the National<br>6/30/88 Hemophilia Foundation to develop outreach<br>strategies/models for culturally diverse<br>populations with hemophilia.                                                                                                                                                                                                                                                                                                                      | Will be written in grant proposals.                                                                                                                                                                                                                                                                                          |

<sup>a</sup> Table includes only those program components targeted to the general population, homosexual/bisexual men, intravenous drug users, sexually transmitted disease clinic attendees, and school-age youth.

<sup>b</sup> AIDS Record. "Over \$24 million Available from Health Resources Services Administration for Three New Programs," AIDS Record 2(8/9): 7, April 8, 1988.

<sup>c</sup> HRSA is offering this grant in conjunction with the Centers for Disease Control, Center for Infectious Diseases.

<sup>d</sup> Barrett, S., Director of Hemophilia Program, Office of Maternal and Child Health, Bureau of Maternal and Child Health and Resources Development, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services, Rockville, MD, personal communication, May 12, 1988.

<sup>e</sup> U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Bureau of Maternal and Child Health and Resources Development, Abstracts of Active Projects FY 1988, (U.S. GPO: 1988-209-324).

SOURCE: Office of Technology Assessment, 1988.

Table B-6.--AIDS Education Programs Funded by the National Institutes of Health, May 1985<sup>a</sup>

| Name of program/<br>contract/grant<br>contact                          | Amount                                                                                                                             | Project<br>period                                                   | Description                                                                                                                                                                                                                                                                                                           | Evaluative component                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>National Cancer Institute (NCI):<sup>b</sup></b>                    |                                                                                                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                  |
| HIV in New<br>Jersey Drug<br>Abusers<br>(Intermaral<br>project)        | \$22,000,<br>FY86 (part through<br>FY88<br>attributable to<br>education)                                                           | 1984<br>FY86                                                        | NCI is collaborating with the New Jersey State Department of Health in implementing an AIDS intervention targeted to IVUAs. Intervention: information dissemination about HIV transmission, risky behavior, and other AIDS facts.                                                                                     | Program impact will be determined, in part, through seroepidemiologic surveys conducted yearly and incidence of seroconversion. Preliminary results suggest increased knowledge levels in the exposed group.                                                                                                                                                                                     |
| <b>National Heart, Lung, and Blood Institute (NHLBI):<sup>cd</sup></b> |                                                                                                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                  |
| Blood Donor<br>Recruitment<br>Among High<br>School Students            | \$94,000,<br>FY86                                                                                                                  | 1984<br>through<br>1986                                             | Target group: high school students in 29 blood centers. Interventions: (1) informational approach (i.e., 3 1-hour sessions, audiovisual presentation), (2) motivational approach (i.e., 3 1-hour sessions, role playing, social skills, questionnaires), and (3) combination of the two.                              | Will evaluate knowledge gained under the 3 approaches and determine who donates and why. Will measure the number students volunteering to donate and their HIV blood status. Thus far, intervention 1 seems more effective with students already interested in donating, 2 seems more effective with students who have not thought about donating, and 3 seems more effective with all students. |
| Psychosocial<br>Support for<br>Anti-HIV<br>Positive Donors             | New York Blood<br>Center/Johanna<br>Pindyck<br>\$436,000,<br>FY86                                                                  | 1985<br>through<br>1989                                             | Target group: HIV positive blood donors. Interventions: Subjects are divided into a control group, a group receiving individual counseling, and a group receiving individual as well as peer counseling.                                                                                                              | Pre- and post-test data are being collected. A longitudinal analysis is being conducted as well as clinical followup to determine the progression of the disease.                                                                                                                                                                                                                                |
| <b>National Institute on Aging (NIA):<sup>e</sup></b>                  |                                                                                                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                  |
| AIDS Age Brief                                                         | NIA/Virginia<br>Morgan<br>Approximately<br>\$17,000 to<br>\$17,000 to<br>print and<br>disseminate<br>a typical<br>age brief, 1986. | In the<br>plan-<br>ning<br>stages. Release<br>probably May<br>1986. | Age briefs are disseminated regularly by NIA; typically 530,000 copies of each brief are distributed. The AIDS Age Brief will be a 2 to 3 page fact sheet and will deal with transmission of HIV in the elderly. It will be disseminated to the press, major minority organizations, physicians, grocery stores, etc. | None. Age Briefs are reviewed every few years.                                                                                                                                                                                                                                                                                                                                                   |



Table 8-6. --AIDS Education Programs Funded by the National Institutes of Health, May 1988 (Continued)

IVDU's = intravenous drug users

- a Table includes only program components targeted to the general population, homosexual/bisexual men, IVDU's, sexually transmitted disease clinic attendees, and school-age youth.
- b Cushing, M., Budget Analyst, National Cancer Institute, National Institutes of Health, Public Health Service, U.S. Department of Health and Human Services, Bethesda, MD, personal communication, April 13, 1988.
- c McCurdy, P., Special Assistant for Clinical Hematology, Division of Blood Diseases and Resources, National Heart, Lung, and Blood Institute, National Institutes of Health, Public Health Service, U.S. Department of Health and Human Services, Bethesda, MD, personal communication, April 13, 1988.
- d Czarra, A., Chief, Program Planning and Prevention Branch, National Heart, Lung, and Blood Institute, National Institutes of Health, Public Health Service, U.S. Department of Health and Human Services, Bethesda, MD, personal communication, May 17, 1988.
- e Morgan, V., Writer/Editor, Information Office, National Institute on Aging, National Institutes of Health, Public Health Service, U.S. Department of Health and Human Services, Bethesda, MD, personal communication, April 13, 1988.

SOURCE: Office of Technology Assessment, 1988.

Table B-7.--AIDS Education Programs Funded by the Office of the Assistant Secretary for Health, May 1988<sup>a</sup>

| Name of program/ Organization/<br>contract/grant contact                                                  | Amount                                                               | Project<br>period                                           | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Evaluative component                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Office of Minority Health (OMH):</b>                                                                   |                                                                      |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                     |
| Minority<br>Community Health determined/<br>Coalition Henry Montes<br>Demonstration (OMH)<br>Project, etc | Total of<br>\$400,000                                                |                                                             | Project Grant was announced in March. There will be Grantees will write evaluation period: a total of 8 grants awarded to community components in their grant proposals. Grantees will also complete an outcome evaluation at the end of the project period. 2 years coalitions to develop programs to promote healthy behavior within minority communities. Two of these grants will be awarded to community coalitions providing AIDS education targeted to blacks and to Hispanics. Both grants will be up to \$200,000 (given up front) for a 2 year project period. |                                                                                                                                                                     |
| Minority AIDS<br>Education/ Grant<br>Prevention Program<br>Jacqueline Bowles (OMH)                        | Total of<br>\$700,000                                                | 3                                                           | Project Solicitation for this grant will be announced in May. Fifteen to 20 grants will be awarded by September 30 to minority community based organizations and national minority organizations which conduct HIV for 2nd infection education and risk-reduction and 3rd programs; the awards will range from \$20,000 year to \$75,000. contin-<br>gent on<br>avail-<br>ability<br>of<br>funds.                                                                                                                                                                        | Grantees will write evaluation components in their grant proposals. Grantees will also complete outcome and process evaluations at the end of the 3rd project year. |
| Model Program<br>Assessment<br>Office of<br>Minority<br>Health/<br>Jacqueline<br>Bowles                   | \$100,000<br>to<br>\$150,000<br>to conduct stages<br>this<br>program | In<br>plan-<br>ning<br>to conduct stages<br>this<br>program | Will evaluate HIV risk-reduction and education programs throughout the country that target minority communities and identify essential components of successful programs.                                                                                                                                                                                                                                                                                                                                                                                                | This project is an evaluation of HIV risk-reduction and education programs.                                                                                         |
| Training<br>package<br>Office of<br>Minority<br>Health/<br>Jacqueline<br>Bowles                           | Not yet<br>determined                                                | In<br>plan-<br>ning<br>stages                               | Will develop HIV infection information guidelines and materials that minority organizations can use to initiate information and risk-reduction activities within their communities.                                                                                                                                                                                                                                                                                                                                                                                      | Not yet determined.                                                                                                                                                 |

Table B-7. --AIDS Education Programs Funded by the Office of the Assistant Secretary for Health, May 1988 (Continued)

- a Table includes only those program components targeted to the general population, homosexual/bisexual men, intravenous drug users, sexually transmitted disease clinic attendees, and school-age youth.
- b Montes, H., Associate Director for External Programs, Office of Minority Health, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, Washington, D.C., personal communication, March 18, 1988.
- c Bowles, J., Senior Science Advisor and AIDS Program Coordinator, Office of Minority Health, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, Washington, D.C., personal communication, April 11, 1988, and May 7, 1988.

SOURCE: Office of Technology Assessment, 1988.

## Appendix C: ACKNOWLEDGMENTS

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3. AIDS Record, "Federal Research Funding Opportunities," *AIDS Record* 2(8/9):20, April 8, 1988.
4. AIDS Record, "Over \$24 million Available from Health Resources Services Administration for Three New Programs," *AIDS Record* 2(8/9):7, April 8, 1988.
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JOHN GLENN, OHIO, CHAIRMAN

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## United States Senate

COMMITTEE ON  
 GOVERNMENTAL AFFAIRS  
 WASHINGTON, DC 20510-8250

May 10, 1988

Earl Fox, M.D.  
 Public Health Department  
 State Office Building  
 Montgomery, Alabama 36130

Dear Dr. Fox:

On June 8th, the Committee on Governmental Affairs will hold a hearing on efforts to educate the general population and individuals in high-risk groups about the risks of HIV infection and the prevention measures they can take. In preparation for the June 8th hearing, the Committee is gathering information about AIDS education activities funded by the federal government. I respectfully request your cooperation in assisting the Committee with this project by providing the following requested information:

1. The Committee understands that the grants from the Centers for Disease Control require the establishment of panels to review the contents of proposed AIDS educational materials. When did you first establish a panel to perform this function? How many panels currently exist within your state? What is the current procedure used for choosing the members of the review panel(s)? How many members are on the panel(s), and what groups or populations do they represent?

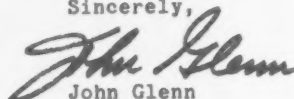
2. Have the review panel(s) disapproved or rejected any materials to date? If so, was this the result of the restrictions imposed by Public Law 100-202 (copy enclosed)?

3. What are the current requirements in your state relating to the content of AIDS education materials produced with federal funds? How are the content requirements enforced? If you have any written guidelines for state and local officials or community based organizations concerning the content of AIDS education materials, please provide a copy of those guidelines.

4. What has been the effect of Public Law 100-202 on the ability of the state and local governments or community based organizations, which receive federal funds, to provide accurate, explicit and culturally sensitive information on reducing the risk of becoming infected with HIV?

We would appreciate receiving this information by June 1, 1988. I have designated Lorraine Lewis and Andrea Fastenberg of my staff (202/224-4751) to coordinate this request.

Sincerely,

  
 John Glenn  
 Chairman



State of Alabama  
Department of Public Health

State Office Building  
Montgomery, Alabama 36130-1701



Claude Earl Fox, M.D., M.P.H.  
State Health Officer

May 20, 1988

The Honorable John Glenn  
United States Senate  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Dear Senator Glenn:

Thank you for your letter of May 10, 1988. It is my privilege to share with you the use of the review committee by the Alabama Department of Public Health.

Alabama's review committee was set up in 1986 to review educational materials which were purchased with federal monies as required by the cooperative agreement. Alabama has only a single review committee. The members of this committee were chosen to represent the "average" Alabamian. This committee, while composed of only five members, represents a broad range of the Alabama citizenry. Represented on the committee are two individuals from the religious community, one individual from education, two women, and two blacks. We feel it is very important in a state like Alabama, with a relatively conservative social environment to have strong representation on such a committee from members of the religious community. Similarly, in Alabama, with 24% of its population black and 40% of its AIDS cases black, it is essential that a significant percentage of the committee represent this racial group.

We have been fortunate in Alabama in having none of the material which has been submitted to our review committee rejected. I believe this has occurred primarily because the Alabama Department of Health has chosen to adopt non-controversial material which has been produced either by the Red Cross, by the U.S. Public Health Service or by other national entities.

The Honorable John Glenn  
Page 2  
May 20, 1988

It has not been necessary, up until this time, to develop written policies for the development of AIDS educational materials in Alabama. This has largely been true because, until recently, the community based groups in Alabama have not been well organized and have not been in a position to contract with the Department of Public Health to provide AIDS education. However, we envision, in the next twelve months, contracting with many of the community based groups to do targeted education to the gay and IV drug use community. In this process, it will become necessary for the Department of Public Health to develop strict guidelines which have been reviewed and approved by this committee on the type of information which can be produced with federal grant funds. Also, because of the recent expansion of the community AIDS groups, we are considering adding representatives from these groups to our review panel.

At this time, Public Law 100-202 has not had a major impact on AIDS control efforts in Alabama, I believe that as we expand our AIDS education efforts targeted to IV drug users, minority groups, gay and bisexual men, the potential impact of Public Law 100-202 is extremely grave. As I interpret this law, it has the potential of dramatically limiting the type of information which can be transmitted to a targeted community. Clearly, if we are going to deal with the AIDS epidemic, it is essential that we be able to share this information in a language and in a manner with which the client is familiar and comfortable.

Again, thank you for the opportunity of sharing with you our use of the AIDS review committee. We believe that the makeup of the Alabama committee has, to the present time, met the needs in Alabama. This committee, coupled with the Department of Public Health's choice of AIDS education materials, has allowed us to stay well within the acceptable community standards. However, I am concerned about the potential future effect of Public Law 100-202 as we expand beyond our current activities.

If you need any additional information, please do not hesitate to contact Dr. Don Williamson at (205) 261-5016.

Sincerely,

  
Claude Earl Fox, M.D., M.P.H.  
State Health Officer

CEF:jc

## STATE OF ALASKA

## DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH  
SECTION OF EPIDEMIOLOGY3601 "C" STREET, SUITE 540  
P.O. BOX 246249  
ANCHORAGE, ALASKA 99524-0249

STEVE COWPER, GOVERNOR

INFECTIOUS DISEASES  
AIDS/STD  
TUBERCULOSIS  
IMMUNIZATION  
CHRONIC DISEASES  
DIABETES  
INJURY CONTROL  
361-4486

August 4, 1988

The Honorable John Glenn  
The United States Senate  
Committee on Governmental Affairs  
Washington, D.C. 20510-6250

Dear Sir:

I am responding to your letter of May 10, 1988 to Ms. Elizabeth Ward, director of the division of public health in the Alaska Department of Health and Social Services. You asked for information related to AIDS education activities funded by the federal government.

In 1986, the Alaska AIDS Prevention Program formed a panel to review all proposed AIDS educational materials. A panel review of all AIDS materials is required by the federal Centers for Disease Control of all states receiving AIDS Health Education/Risk Reduction grant money from CDC. The AIDS Program review panel is the only panel in Alaska which reviews AIDS materials purchased with funds granted by CDC. The six members chosen represent the following groups or populations:

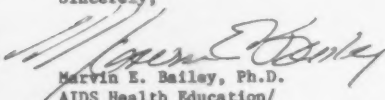
Physician  
Nurse Practitioner/Public Health  
Clergy  
Public Education  
Homosexual  
American Red Cross

All AIDS materials produced or purchased by the Alaska AIDS Program adhere to the guidelines established by CDC for cooperative agreements with the states. We have no other guidelines.

While the panel has not rejected any materials to date, it has restricted the use of some materials. For instance, some sexually explicit materials are used only in clinical settings and in our counseling/testing sites. The fact is, however, that Program staff do not bother to try various educational strategies because of Public Law 100-202 and the requirement of panel review. Hence, the law seriously hampers public health efforts.

If the goal of AIDS-related activities is to reduce the transmission of the human immunodeficiency virus, then it is pointless for public health officials to be emphasizing "abstinence from sexual activity outside a sexually monogamous marriage" to young adults who regularly seek treatment in sexually transmitted disease clinics and for it to be emphasizing "abstinence from the use of illegal intravenous drugs" to individuals who share contaminated needles and illegal drugs virtually every day of their lives. It would certainly be counterproductive for public health officials to deal judgementally with homosexual populations. It would seem far better to let our scientific and medical knowledge of AIDS establish AIDS policies, rather than having policy dictate the application of medical knowledge.

Sincerely,

  
Marvin E. Bailey, Ph.D.  
AIDS Health Education/  
Risk Reduction Project  
Coordinator



ROSE MOFFORD, GOVERNOR  
TED WILLIAMS, DIRECTOR

## ARIZONA DEPARTMENT OF HEALTH SERVICES

Office of the Director

May 23, 1988

The Honorable John Glenn  
Chairman  
United States Senate Committee  
On Governmental Affairs  
Washington, D.C. 20510-6250

Dear Senator Glenn:

This letter is in response to your May 10, 1988 request for information about AIDS education activities funded by the federal government in Arizona. The following paragraphs will answer the various questions contained in your request.

The Arizona Department of Health Services established a Program Review Committee in 1986, which was the first year of our cooperative agreement with the Centers for Disease Control (CDC) to conduct AIDS health education and risk reduction activities. The Committee first met on November 14, 1986 and has continued to meet at least quarterly since that time.

The Program Review Committee is comprised of five members who were chosen by the Division of Disease Prevention, Office of Health Promotion and Education to represent a cross-section of the general provider community. They include directors of non-profit agencies, public relations experts, nursing consultants and an attorney in private practice. When Hispanic or other minority materials are reviewed, the Committee seeks outside consultation from experts in those areas. Committee members were chosen following consultation from state and local AIDS organizations and staff recommendations.

The Program Review Committee has reviewed and approved many materials. These approvals have been for general use or for special populations. Several have been approved contingent on special labeling. A copy of the current approved list is attached.

Very few materials have been rejected and none as a result of the restrictions imposed by Public Law 100-202. The materials that have been rejected were due to lack of accuracy or poor quality.

The current requirements in Arizona relating to the content of AIDS education materials produced or purchased with federal funds are exactly the same as Public Law 100-202 and other guidelines contained in the CDC cooperative agreement for AIDS prevention and surveillance. A copy of this Department's policy reinforcing that fact is attached. In addition, all contracts and subcontracts using federal AIDS funds contain requirements for complying with the same provisions.

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The Honorable John Glenn  
Page 2

The effect of Public Law 100-202 on the state and local program relates primarily to time lost by everyone concerned due to the review and approval process. As more programs are funded, additional review meetings are needed. Programs must wait to receive approval prior to purchasing materials. This may mean over a one month delay in some cases.

One additional impact is the growing amount of state staff time required to facilitate the Committee review process. This has become more acute as programs grow.

I trust this information will be of use to you and your committee. If further information is required, please contact Brick Lancaster at (602) 230-5833.

Sincerely,

A handwritten signature in cursive script, appearing to read "Glyn B. Caldwell, MD or", is written over the typed name "Ted Williams".

Ted Williams  
Director

TW:kl

Attachment(s)

cc: Dr. Steven J. Englender  
Brick Lancaster

## AIDS RELATED EDUCATIONAL MATERIALS REVIEW

The policy of the Arizona Department of Health Services (ADHS) has been to adhere to the requirement of the Centers for Disease Control (CDC) regarding the Program Review Committee for AIDS information and education materials funded through the federal AIDS Prevention agreement. Under this requirement ADHS has identified a panel of five persons representing a cross-section of the general community. The Committee's function is to consider the appropriateness of messages designed to communicate with various population groups. The recently enacted Federal legislation (P.L. 100-202) often referred to as the "Helms amendment" prohibits the use of CDC funds for "... AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual activities". This legislation also directs the "Education, information, and prevention activities and materials...shall emphasize (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and (2) abstinence from the use of illegal intravenous drugs."

The interpretation of this legislation is the responsibility of the Program Review Committee in each state which receives funding for AIDS prevention and surveillance.

All ADHS contractors receiving funds under the Cooperative Agreement from the Centers for Disease Control for AIDS prevention and surveillance are obliged to comply with the attached ADHS Guidelines for Program Review Panel.

Furthermore, all health care agencies utilizing the State laboratory for HIV antibody testing must utilize Program Review Panel approved educational materials since State Laboratory testing is federally supported.

Therefore, it is the responsibility of the Program Manager to determine program activities which utilize CDC AIDS Prevention funds and are restricted according to P.L. 100-202.

If the funds are restricted, it is the responsibility of the Program Manager to ensure that the Guidelines for the Program Review Panel are followed and that all educational materials are submitted to the Office of Health Promotion and Education for review by the Program Review Committee. Contact Brick Lancaster (or Kathleen Stone) at 230-5838.

EDUCATIONAL MATERIALS APPROVED BY  
THE ARIZONA PROGRAM REVIEW COMMITTEE

1. AIDS: Know The Facts (ADHS Brochure)
2. "Women Beware"
3. AIDS The Facts
4. AIDS What Everyone Should Know
5. AIDS: The Facts (American Red Cross)
6. AIDS and Children, Information for Teachers and School Officials
7. AIDS, Sex and You
8. Caring For The AIDS Patient At Home
9. AIDS and the Workplace
10. What Everyone Should know About AIDS
11. AIDS Information For Young People
12. What You Should Know About HTLV-III and AIDS
13. Why You Should Be Informed About AIDS: Information For Health Care Personnel and Other Providers
14. Lo que usted debe Saber antes de donar sangre
15. Home Care Guidelines For Patients With AIDS
16. Coping With AIDS
17. When A Friend Has AIDS
18. Know The Facts About AIDS, Protect Yourself
19. For The Person With AIDS, Food Safety Hints
20. Nutritional Tips For The Person With AIDS
21. AIDS, Information For Teenagers: "Could I Get It?"
22. AIDS, The Facts, Facts for Students and Parents (Pima County Health Department brochure). 1 no vote
23. Facts About AIDS
24. AIDS and Children: Information for Parents of School Age Children
25. BLACKS - Women & AIDS
26. BLACKS - Questions About AIDS
27. BLACKS - Youth & AIDS
28. ALIANZA - Women & AIDS (Hispanic translation)
29. ALIANZA - Questions About AIDS (Hispanic translation)
30. ALIANZA - Youth & AIDS (Hispanic translation)
31. AIDS Precautions - For The First Responder
32. AIDS: Your best defense is information
33. You don't have to be white or gay to get AIDS
34. AIDS in the Black community
35. How to use a condom
36. So You Think You Know How To Use A Condom
37. Making Sex Safer
38. Women and AIDS
39. Las Mujeres Y EL SIDA - Spanish translation of #38)
40. AIDS In The Black Community - The Facts
41. What You Should Know About AIDS - CDC
42. When You play, use the right equipment
43. Talking with your partner about safer sex
44. Talking with your child about AIDS
45. Talking with your teenager about AIDS
47. Teens & AIDS! - Why Risk It?
48. The Adventures of Bleachman

Special Populations

1. AIDS and The IV Drug User
2. Facts About AIDS and Drug Abuse
3. Poppers, Your Health and AIDS, Can You Afford The Risk?
4. About AIDS and Shooting Drugs
5. What Gay and Bisexual Men Should Know About AIDS
6. SOBRE EL SIDA
7. Safe Sex, Safe Sex is Fun
8. Wills Give You Power: A guide for gay men and women
9. Safe Sex (May only be used with the following label: "Sexually explicit material")
10. BLACKS - The IV Drug User & AIDS
11. ALIANZA - The IV Drug User & AIDS (Hispanic translation)
12. Shooting Up and Your Health
13. Inyectandose Y Su Salud - (Hispanic translation #12)
14. Free Dope
15. Joker - El AIDS (Hispanic brochure)



## Arkansas DEPARTMENT OF HEALTH

4015 WEST MARKHAM STREET • LITTLE ROCK, ARKANSAS 72205  
TELEPHONE AC 501 661-3000

M. JOYCELYN ELDERS, M.D.  
DIRECTOR

June 6, 1988

Ms. Lorraine Lewis  
United States Senate  
Committee on Governmental Affairs  
Washington, D.C. 20510-6250

Dear Ms. Lewis,

Arkansas receives funding from the Centers for Disease Control for AIDS education and prevention activities. Following are responses to questions posed in Senator Glenn's May 10, 1988 communication.

1. A state level materials review panel was established in February, 1986. One panel, selected by the prevention program project Director, reviews all federally funded materials. This five member panel represents medical, legal, education, ethical and AIDS service organizations, as well as lay person.
2. Some materials have been rejected, but not based on Public Law 100-202 specifically.
3. Centers for Disease Control grant guidelines as published in the Federal Register serve as broad committee guidelines. A majority vote from the panel is required for material approval. In general, criteria used involve appropriateness to the target audience and offensiveness to a representative member of the general population.
4. The review panel has reviewed and debated the meaning of Public Law 100-202. They have chosen to use their best judgement in interpreting this law and the gray area involved in providing understandable risk reduction messages and not encouraging homosexuality or drug usage.

Please contact me if further information is required.

Sincerely,

*Donnie Smith*  
Donnie Smith, Director  
AIDS/STD Program

/ws

*"An Equal Opportunity Employer"*

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814  
(916) 445-1248



June 20, 1988

The Honorable John Glenn, Chairman  
Committee on Governmental Affairs  
United States Senate  
Washington, D.C. 20510-6250

Dear Senator Glenn:

Thank you for your letter of May 10, 1988 regarding the process used by the State of California to review AIDS educational materials. The questions you posed in your letter are repeated below with our response:

1. The Committee understands that the grants from the Centers for Disease Control require the establishment of panels to review the contents of proposed AIDS educational materials. When did you first establish a panel to perform this function? How many panels currently exist within your state? What is the current procedure used for choosing the members of the review panel(s)? How many members are on the panel(s), and what groups or populations do they represent?

Since California only recently received a grant from the Centers for Disease Control, no panel has yet been established to review AIDS educational materials. However, California has established a review process for materials developed by state-funded contractors which involves review of the material by a professional health educator employed by this Department. These materials have usually undergone previous review at the local level by "focus" groups, local advisory boards, and/or medical consultants. The composition of local advisory boards varies by project and is at the discretion of the local project.

2. Have the review panel(s) rejected or disapproved any materials to date? If so, was this the result of the restriction imposed by Public Law 100-202 (copy enclosed)?

Not applicable in California. However, the state review process has rejected materials for a variety of reasons and has issued general guidelines which indicate that materials should preferentially use clinical terms rather than their street language equivalents.

3. What are the current requirements in your state relating to the content of AIDS education materials produced with federal funds? How are the content requirements enforced? If you have any written guidelines for state and local officials or community based organizations concerning the



The Honorable John Glenn  
Page 2  
June 20, 1988

content of AIDS educational materials, please provide a copy of those guidelines.

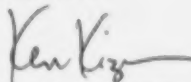
A copy of the general state guidelines is enclosed for your information.

4. What has been the effect of Public Law 100-202 on the ability of the state and local governments or community based organizations, which receive federal funds, to provide accurate, explicit and culturally sensitive information on reducing the risk of becoming infected with HIV?

Again federal funds for AIDS educational materials have not been significant until only recently. However, it has been our experience that it is possible to provide useful, meaningful, explicit, and culturally sensitive information that does not promote any particular sexual lifestyle or the abuse of drugs. Agencies that do not share that viewpoint are encouraged to seek private funding.

I trust the information provided will be useful to you. Please let me know if I can provide any additional information.

Sincerely,



Kenneth W. Kizer, M.D., M.P.H.  
Director

Enclosure

State of California

Department of Health Services

## Memorandum

To: AIDS Community Education Contractors

Date: December 18, 1985

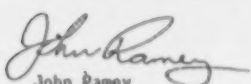
Subject: Review of Materials  
Developed/Distributed under  
State Contract

From: AIDS Materials Review Committee

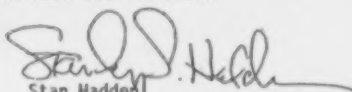
In an effort to insure the appropriateness of materials developed and distributed under contract with the State, the AIDS Materials Review Committee met on December 17, 1985. Concern was expressed that State financial support of certain types of materials, irrespective of their relative impact on select target groups, might jeopardize the funding of the program in general. Concern was also expressed that materials review be timely and expeditious. Consequently, the Committee decided that it would not issue extensive guidelines, nor require all materials to be reviewed in advance. Instead, the following guidelines were agreed upon:

For purposes of AIDS information materials, it is preferable to use clinical or descriptive terms describing sexual contact or behavior such as masturbation, semen, or anal intercourse rather than their slang or "street language" equivalents. With regard to photos and other visual messages, we would prefer that they not be explicitly suggestive. For example, pictures of bare-chested men may not be inappropriate but pictures of the fondling of genitals would be. Also, with regard to literature intended to advise about the dangers of spreading AIDS through sharing of needles, such advice should be accompanied by a general warning against the use of illicit drugs.

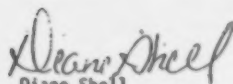
In order to insure that the contractors are able to develop and distribute materials to the various target groups on a timely basis, the Committee will not be requiring advance approval of materials prior to their use, as noted above. We will, however, reserve the right to review and disapprove further use of materials on an exception basis if they fall outside these general parameters. If you have doubts regarding any material, please feel free to submit those materials to the AIDS Section staff.



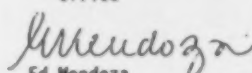
John Ramey  
Assistant Chief Deputy Director



Stan Hadden  
Representative, AIDS Advisory Committee  
Research Assistant, Senator David Roberti's  
Office



Diane Shell  
Deputy Director and Chief Counsel



Ed Mendoza  
Assistant Deputy Director, Public Health

CONNECTICUT DEPARTMENT OF HEALTH SERVICES  
AIDS Section

TO: Lorraine Lewis and Andrea Fastenberg  
Committee on Governmental Affairs

FROM: Ann McLendon, AIDS Education Director

In response to Senator Glenn's inquiry regarding the impact of Public Law 100 - 202 in Connecticut, Commissioner Adams has asked me to provide the following information:

1. The advisory committee structure has been part of the Department's operations since the beginning of the AIDS program. Advisory committee input has not historically been limited to review of educational materials, but has included suggestions for effective AIDS education strategies in general.

A panel specifically charged with the review of educational materials was established in 1986.

There is one statewide panel consisting of 14 members. Panel members are chosen from the major geographical regions of the state, with representation from the following:

- Education
- Business & Industry
- Religion
- Parents
- Special Target Groups
  - Blacks
  - Hispanics
  - Gay and Bisexual Males

The original panel was recruited through recommendations from local community agencies, institutions, and businesses. Replacement of members who resign follows the same procedure.

2. To date, the review panel has not disapproved or rejected any materials. Please note however that materials which CLEARLY do not comply with Public Law 100 - 202 are generally rejected by staff, and therefore are not presented for panel review.

3. Currently, the Department uses the exact language of Public Law 100 - 202, along with the Centers for Disease Control's "Basic Principles" as guidelines for content requirements of federally funded AIDS education materials. These documents are quite specific, therefore separate guidelines are not deemed necessary.

4. Public Law 100 - 202 makes it extremely difficult for federally funded programs to provide accurate, explicit and culturally sensitive information regarding prevention of HIV infection.

- Precious resources that could be devoted to direct service community education must be diverted to operate the review panel process.

- Some of the best materials for specific target groups do not meet EVERY requirement of Public Law 100- 202, and must therefore be rejected.

Example:

A pamphlet for IV drug users that explains how to clean needles with bleach in order to kill the AIDS virus is not likely to also include a message regarding abstinence from sexual activity.

Even though the bleach information is exactly what is needed by a program targeting IV drug users, technically the pamphlet cannot be purchased with federal funds. This, despite the statement that "language contained in section 514 of the Act relating to AIDS education shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission..."

Because the statement is open to several interpretations, it is not as helpful as might first be assumed. Review panel members (and staff), mindful of the program's dependence on federal benevolence, are reluctant to adopt an interpretation that is too broad. Hence, the best education materials for a targeted population may be passed over in favor of something that is less risky, less appropriate, and less effective.

• Time, energy, and money needed for direct service may be spent trying to identify those educational materials that are at once appropriate for the targeted population and meet ALL requirements of Public Law 100 - 202. If such materials cannot be found, more time, energy, and money must be diverted from direct service to create what is required. Then additional resources must be used for production of the new creation.

I hope this information has been helpful. If you have further questions please feel free to contact me.

Ann McLendon, M.Ed.  
Aids Education Director  
Connecticut Department  
of Health Services  
150 Washington Street  
Hartford, Connecticut 06106

(203) 566 - 1157

Enclosed for your information is a copy of the form used by our review panel to evaluate AIDS education materials, and the Center for Disease Control's "Basic Principles" document.



STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC HEALTH  
ROBBINS BUILDING  
802 SILVER LAKE BOULEVARD AND WALKER ROAD  
DOVER, DELAWARE 19901

May 24, 1988

John Glenn  
United States Senate  
Committee on Governmental Affairs  
Washington DC 20510-6250

Dear Senator Glenn:

This is to respond to your letter of May 10, 1988 requesting information about AIDS education activities in our state. I will answer your questions as they were posed in your letter.

1. The program review panel in Delaware was established on May 1, 1988. One panel currently exists in the state. The panel members are asked to participate by the AIDS Program Office of the Delaware Division of Public Health. Five members are on the panel (although it so happens that there are two vacancies at present). They represent the gay community, ethnic minorities, clergy, and the university setting.
2. The program review panel has never rejected or disapproved educational material, but has made recommendations which were incorporated into the final material.
3. The content of educational material must be approved by the program review panel, who itself is guided by "Content of AIDS Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions, in Centers For Disease Control Assistance Programs (January 1984)", a document produced by CDC. Content requirements are enforced by the panel. Organizations in the community and other contracted agencies receive the CDC guidelines.
4. There is confusion about what educational material is permissible under Public Law 100-202. As a result, the material produced by contracted agencies as well as our program directly, has been less explicit in order to ensure compliance with the law. We worry that the information is less culturally sensitive and understood by target populations.

I hope this information answers your questions and is of value.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lyman J. Olsen".  
Lyman J. Olsen, M.D.  
Director



GOVERNMENT OF GUAM  
P. O. BOX 2816  
AGANA, GUAM 96910



Honorable John Glenn  
United States Senate  
Chairman, Committee on Governmental Affairs  
Washington, DC 20510-6250

The following is the information requested by your committee on Guam's AIDS Program:

- 1) When did you first establish a panel to perform this (review of AIDS materials) function?

**Answer:** The Department of Public Health and Social Services first established a Program Review Panel (PRP) on April 16, 1987.

How many panels currently exist within your state?

**Answer:** Currently, only one such panel exists on Guam.

What is the current procedure used for choosing members of the review panel?

Answer: Currently, prospective members are invited by the department to participate upon careful consideration of those who the department feels would contribute positively to the educational effort.

How many members are on the panel and what groups or populations do they represent?

Answer: The Guam PRP consists of five members representing the following populations:

- a) Gay Community
- b) Medical Community
- c) Adolescent Community: Adolescent Health  
(2 members) Teen Parenting Program
- d) General Public

- 2) Has the review panel disapproved or rejected any materials to date?

Answer: Yes.

Letter to Senator John Glenn  
Guam's AIDS Program  
Page 2

If so, was this the result of the restrictions imposed by Public Law 100-202?

*Answer: No.*

- 3) What are the current requirements in your state relating to the content of AIDS education materials produced with federal funds?

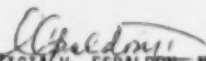
*Answer: Guam currently has no requirements regarding content of AIDS educational materials.*

- 4) What has been the effect of Public Law 100-202 on the ability of the state and local governments or community based organizations, which receive federal funds, to provide accurate, explicit and culturally sensitive information on reducing the risk of becoming infected with HIV?

*Answer: Though Public Law 100-202 has not as of this time impacted adversely upon any of the Guam AIDS Program's standing programs, we feel it does pose a significant risk of hampering the development and distribution of effective AIDS educational programs and materials, especially in the context of proposed gay outreach strategies and activities.*

I hope the information will be of assistance to you for the hearing. If we can assist you further please let us know.

Sincerely,

  
LETICIA V. ESPALDON, M.D.  
Director



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HUMAN SERVICES  
COMMISSIONER OF PUBLIC HEALTH  
WASHINGTON, D. C. 20002

 1 - 1988

IN REPLY REFER TO:

Suite 825  
1875 Connecticut Avenue, N.W.  
Washington, D.C. 20009

The Honorable John Glenn  
Chairman  
Committee on Governmental Affairs  
United States Senate  
Washington, D.C. 20510-6250

Dear Senator Glenn:

Thank you for your letter dated May 10, 1988 requesting information about AIDS education activities funded by the federal government. It is hoped that the following responses are useful to the Committee on Governmental Affairs as you prepare for the upcoming hearings.

In response to Question #1, the District of Columbia Commission of Public Health established its first Program Review Panel in 1986. One panel exists to perform this function in Washington, D.C. and its representation is broad-based and includes individuals from the private and voluntary sectors.

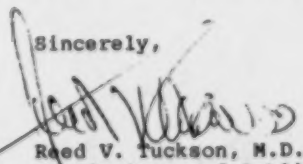
In response to Question #2, the Review Panel established in the District of Columbia has provided excellent feedback on the content as well as language contained in proposed AIDS educational materials, but has not rejected any material to date.

In response to Question #3, current requirements are that all AIDS education materials reach target audiences without being offensive or insulting to them. Content requirements are enforced through this Review Panel process, and federal guidelines are followed.

In response to Question #4, the District of Columbia continues to provide accurate, explicit and culturally sensitive information on AIDS and HIV infection through federally funded as well as locally funded programs.

Thank you for the opportunity to respond to this information request. If you need further assistance, please do not hesitate to call me.

Sincerely,

  
Reed V. Tuckson, M.D.  
Commissioner of Public Health

James G. Ladd, Ph.D., Commissioner



878 PEACHTREE STREET, N.E. / ATLANTA, GEORGIA 30309

May 27, 1988

The Honorable John Glenn  
Chairman, Committee on Governmental Affairs  
United States Senate  
Washington, D.C. 20510-6250

Dear Mr. Chairman:

The Division of Public Health established our AIDS Educational Advisory Group in April, 1986, when we received our initial AIDS Health Education/Risk Reduction grant funds. The original group of eleven was selected on recommendation of members of our State AIDS Task Force and other health professionals concerned with AIDS issues. Major agencies involved with AIDS education are represented on the committee. We have one panel in Georgia which has recently been increased to fourteen members to allow more diverse community representation. Attached for your information are the April, 1986, and January, 1988, lists of members with organizational designation.

The review panel has in fact disapproved or rejected proposed educational materials prior to and since the passage of Public Law 100-202. We have no written guidelines relative to the content of AIDS education materials; groups wishing to develop, print or purchase educational materials with federal funds must submit those materials to our AIDS Educational Advisory Group for approval. Materials which are scientifically inaccurate or publicly unacceptable in the judgment of panel members are not approved. All materials approved by the panel are submitted to the Georgia Department of Human Resources (DHR) Public Information Office for final approval.

Since DHR has not previously developed or printed sexually explicit educational materials, Public Law 100-202 has not affected our educational material development. If we may offer further information, please contact us.

Sincerely,

*James W. Alley*  
James W. Alley, M.D., M.P.H.  
Director  
Division of Public Health

JWA/jch

Attachments

AN EQUAL OPPORTUNITY EMPLOYER

## AIDS FUNDING ADVISORY GROUP

Ms. Blythe Avery  
National Black Women's Health Project  
1237 Gordon Street, SW  
Atlanta, GA 30310

Rev. Henry K. Wohlgemuth  
Executive Director  
Lutheran Ministries of Ga., Inc.  
756 West Peachtree St., N.W.  
Atlanta, Ga. 30308

Mr. J. Patrick McCrary  
Attorney at Law  
Weinstock & Montalto, P.C.  
448 East Paces Ferry Road, NE  
Atlanta, GA 30305

Joy Benson, M.D.  
District Health Director  
District 1/Unit 2  
111 Bryant Crossing, Suite AA  
Dalton, GA 30720

Madie Lamarre, R.N.  
Nurse Consultant  
Department of Corrections  
2 Martin Luther King Drive  
Room 854 East Tower  
Atlanta, GA 30334

Ms. Beryl Davis  
Program Coordinator-Health Education  
Fulton County Health Department  
99 Butler Street  
Atlanta, GA 30303

Ms. Carol Rittenhouse  
American Red Cross  
Metropolitan Atlanta Chapter  
1925 Monroe Drive, NE  
Atlanta, GA 30324

Mr. Ken South  
Executive Director  
AIDS Atlanta  
811 Cypress Street, NE  
Atlanta, GA 30308

Norma Turner, Dr. P.H.  
Assistant Professor  
Division of Health, Physical Education  
Recreation & Dance  
University of Georgia  
Athens, GA 30602

Maury Weil  
Alcoholism & Drug Abuse Services Section  
Health Program Consultant  
Division of Mental Health/Mental Retardation  
878 Peachtree Street, Room 306  
Atlanta, GA 30309

Carl A. Perlino, M.D.  
Grady Memorial Hospital  
69 Butler Street, SE  
Atlanta, GA 30303

## AIDS EDUCATION ADVISORY GROUP

Judy Byrnes

MH/MR/SA

878 Peachtree Street, N.E., Room 319

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Phone: 894-4782

Cam Taylor

Director of Medical Practice

Medical Association of Georgia

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Atlanta, Georgia 30309

Phone: 876-7535

James Freeman

AIDS Program Manager

Fulton County Health Department

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Atlanta, Georgia 30303

Phone: 572-2126

Claudette Grant

AIDS Health Educator

Fulton County Health Department

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Atlanta, Georgia 30303

Phone: 572-2406

Sharon Petrusek

Community Health Section

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Atlanta, Georgia 30309

Phone: 894-6422

Reverend Henry Wolgemuth

Executive Director

Lutheran Ministries of Georgia

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Atlanta, Georgia 30308

Phone: 875-0201

Wayne Nidiffer

Director of Education

AID Atlanta

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Atlanta, Georgia 30309-3624

Phone: 872-0600

Julia Strong

878 Peachtree Street, N.E., Room 109

Atlanta, Georgia 30309

Phone: 894-4245

Fam Bertagnoli

AIDS Project

878 Peachtree Street, N.E., Room 109

Atlanta, Georgia 30309

Phone: 894-4237

Joy Benson, M.D.

District Health Director

Dalton Health District

111 Bryant Crossing #AA

Dalton, Georgia 30720

Phone: GIST 234-2342

Jo Otis

American Red Cross

Atlanta Affiliate

1925 Monroe Drive, N.E.

Atlanta, Georgia 30324

Phone: 881-9800

Maddie LaMarre, R.N., N.P.

Georgia Department of Corrections

2 Martin Luther King Drive

Atlanta, Georgia 30334

Phone: 656-4601

Lynn Haines

Infectious Diseases Coordinator

Middle Georgia Correction Complex

P.O. Box 278

Hardwick, Georgia 31034

Phone:

Carol Denney

N.W. Health District 1, Unit 2

Dalton Health District

111 Bryant Crossing #AA

Dalton, Georgia 30720

Phone: GIST 234-2342





# STATE OF IDAHO

## DEPARTMENT OF HEALTH AND WELFARE

BUREAU OF PREVENTIVE MEDICINE STATEHOUSE BOISE, ID 83720

May 18, 1988

The Honorable John Glenn  
United States Senator  
United States Senate  
Committee on Governmental Affairs  
Washington, D.C. 20510-6250

Dear Senator Glenn:

This is in response to your letter to me of May 10, asking for information on the status of AIDS educational materials and our program review committee.

1. Our state AIDS Program Review Committee first met September 12, 1986. Only one (1) panel currently exists within our state. The members are chosen by the Division of Health of the Idaho Department of Health and Welfare. There are now 27 members, representing the state substance abuse treatment program, the Idaho prison system, our Bureau of Laboratories, the Bureau of Preventive Medicine, the Bureau of Child Health, the Idaho AIDS Foundation, the Idaho State Board of Education, the Idaho Nursing Association, Planned Parenthood, the Idaho Human Rights Commission, private industry, private psychologic treatment programs, district health departments, local school districts, the Idaho Medical Association, and the Snake River Regional Red Cross Blood Program.
2. The review panel has not disapproved or rejected any of the educational materials we have submitted to them to date. We had some controversy about Public Law 100-202, Title V, Section 514, but it was not an insurmountable problem.
3. We have no state limiting requirements on the contents of AIDS education materials produced with federal funds. We have not published any written guidelines for AIDS education materials.
4. Public Law 100-202 did create some controversy. Some legislators questioned some of the material being used by some of our subcontractors; however, we did not produce those materials.

Sincerely,

Richard H. Schultz  
Administrator

RHS:cm

EQUAL OPPORTUNITY EMPLOYER

Text of:

Departments of Labor, Health and Human Services, and Education,  
and Related Agencies Appropriations Act, 1988  
Public Law 100-202  
Title 5, Section 514

(a) Notwithstanding the matter under the heading "Centers for Disease Control", none of the funds made available under this Act to the Centers for Disease Control shall be used to provide AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities.

(b) Education, information, and prevention activities and materials paid for with funds appropriated under this Act shall emphasize—

- (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and
- (2) abstinence from the use of illegal intravenous drugs.

(c) The homosexual activity referred to in subsections (a) and (b) includes any sexual activity between two or more males as described in section 2256(2)(A) of title 18, United States Code.

(d) The illegal drugs referred to in subsection (b) include any controlled substance as defined in section 102(6) of the Controlled Substance Act (21 U.S.C. 802(6)).

(e) If the Secretary of Health and Human Services finds that a recipient of funds under this Act has failed to comply with this section, the Secretary shall notify the recipient, if the funds are paid directly to the recipient, or notify the State if the recipient receives the funds from the State, of such finding and that—

- (1) no further funds shall be provided to the recipient;
- (2) no further funds shall be provided to the State with respect to noncompliance by the individual recipient;
- (3) further payment shall be limited to those recipients not participating in such noncompliance; and
- (4) the recipient shall repay to the United States, amounts found not to have been expended in accordance with this section.

Congressional Record  
December 21, 1987  
Page H12713

The conferees agree that language contained in section 514 of the Act relating to AIDS education shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded.



Bernard J. Turnock, M.D., Director

June 9, 1988

The Honorable John Glenn  
 Chairman, Committee on Governmental Affairs  
 United States Senate  
 Washington, D.C. 20510-6250

Dear Senator Glenn:

This is in response to your recent inquiry concerning efforts to educate the population at large, as well as persons at risk for HIV infection, about AIDS prevention; specifically about the effect of Public Law 100-202 on those efforts. Certainly, prevention education that is easily understood is of paramount importance in the control of AIDS. While it may be premature to fully evaluate the effect of Public Law 100-202 on AIDS education programs, I will endeavor to respond to your inquiries as completely as possible.

1. The Illinois Department of Public Health (IDPH) established a community review panel for the purpose of evaluating the suitability of AIDS educational materials upon initial receipt of federal funding in 1985. The establishment of such a panel was mandated as a condition of federal funding. While the IDPH maintains one such panel, the four local health departments within Illinois that either directly or indirectly receive federal funds have also established local review panels. We have also encouraged all 65 local health departments to form local review panels as part of the process of developing AIDS educational materials on a local basis.

These panels average five to nine members. Generally, persons are selected to serve on these panels through an administrative process with consideration given to such factors as the individual's ability to represent a constituency, their familiarity with community education or public information, and their involvement in community affairs. Usually, such individuals are chosen from among the memberships of various community organizations with an effort to ensure representation of a cross section of the community.

There have been two primary difficulties with this process. First, it is difficult to convene a statewide panel that can clearly represent the very diverse local communities throughout the state. Thus, local agencies have formed their own review panels. However, the potential for conflict between a statewide review panel and a local review panel is always a distinct possibility. Second, it is

Honorable John Glenn  
Page 2

difficult for a panel that is representative of a cross section of the community at large to effectively evaluate the usefulness of materials designed for use with a particular subpopulation.

2. To date, our review panels have not disapproved nor rejected any materials. This is probably because our federal funds have primarily been used to develop materials for use with the general population rather than specific persons at risk.
3. We have forwarded the guidelines issued by the Centers for Disease Control concerning the content of AIDS education materials produced with federal funds to our local health departments and any agencies that may be recipients of federal funds. We have not endeavored to expand upon or to interpret these for our local health departments and designated agencies.
4. It is probably premature to fully evaluate the effect of Public Law 100-202 on the provision of AIDS education materials. Many agencies have expressed their growing reluctance to provide frank and direct prevention messages in AIDS educational materials as a result of Public Law 100-202. Much of their reluctance has resulted from the lack of clearly stated and easily understood guidelines regarding what is and is not compatible with Public Law 100-202. In the absence of such guidelines, community review panels have often become reticent to either approve or disapprove any particular materials.

A resolution similar to, and perhaps inspired by Public Law 100-202 has been proposed in the current session of the Illinois General Assembly. However, this resolution would prohibit the Department from providing state funds to organizations that produce "offensive" materials whether or not state funds are used in the production of those materials.

I hope this information is useful to the Committee's deliberations. Please do not hesitate to contact me if I can be of any further assistance with this or any other public health matter.

Sincerely,

*Bernard J. Turnock M.D.*  
Bernard J. Turnock, M.D.  
Director of Public Health

ROBERT D. ORR, GOVERNOR  
WOODROW A. MYERS, JR., M.D., STATE HEALTH COMMISSIONER



INDIANA STATE BOARD OF HEALTH  
1330 WEST MICHIGAN STREET  
P.O. BOX 1964  
INDIANAPOLIS, IN 46206-1964



INDIANA STATE BOARD OF HEALTH

AN EQUAL OPPORTUNITY EMPLOYER

June 7, 1988

Honorable John Glenn  
Chairman  
United States Senate  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Dear Senator Glenn:

This letter is in response to your request for information regarding the establishment of review panels to review the contents of proposed AIDS educational materials.

#### QUESTIONS PRESENTED

1. When did you first establish a panel to perform the review function? How many panel(s) currently exist within your state? What is the current procedure used for choosing the members of the review panels? How many members are on the panel(s), and what groups or populations do they represent?
2. Have the review panel(s) disapproved or rejected any materials to date? If so, was this the result of the restrictions imposed by Public Law 100-202?
3. What are the current requirements in your state relating to the content of AIDS educational materials produced with federal funds? How are the content of requirements enforced? If you have any written guidelines for state and local officials or community based organizations concerning the content of AIDS education materials, please provide a copy of those guidelines.
4. What has been the effect of Public Law 100-202 on the ability of the state and local governments or community based organizations, which received federal funds, to provide accurate, explicit and culturally sensitive information on reducing the risk of becoming infected with HIV?

#### ANSWERS TO QUESTIONS

1. The first panel to review the contents of proposed AIDS educational programs was established on June 20, 1986. There currently exists one panel in the state to perform this function. The volunteer members of the review panel are selected from members of Community Action Groups. There are seven (7) members on the panel representing various professional backgrounds including: county health

*"The health of the people is really the foundation upon which all their happiness and all their powers as a state depend."*  
-Disraeli

-2-

officers, infection control nurse, AIDS Task Force member, professor of law, construction worker and student service representative of the Indiana Department of Education. (See Attachment A).

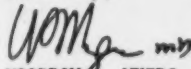
2. The review panel has not disapproved or rejected any proposed AIDS educational materials.

3. The current requirements relating to the content of AIDS education materials are outlined in Public Law 100-202, Indiana Public Law 134-1988 (House Enrolled Act 1067), and Public Law 197-1987 (Senate Enrolled Act 72). (See Attachments B and C). Copies of the federal and Indiana laws are distributed to anyone producing AIDS educational materials. The content requirements for AIDS educational materials are self-enforcing. The review panels provide the initial oversight function to ensure compliance with the state and federal laws. After this initial review, the Indiana State Board of Health distributes the state and federal laws to serve as written guidelines for state and local officials or community based organizations concerning the content of AIDS educational materials.

4. One of Indiana's greatest strengths in its efforts to provide AIDS education and risk reduction messages to the general population has been the Community Action Groups (CAG's). These volunteer groups identify local needs and resources to effectively address the specific needs of the community. The groups are composed of individuals who are eager to perform the important task of providing AIDS intervention and prevention materials to the public. The process of distributing educational material to review panel members who are located throughout the state is very time consuming. One effect of the review process is that it does not facilitate expeditious distribution of AIDS educational materials.

Thank you for the opportunity to comment on this important issue. If I can be of further assistance to you, please do not hesitate to contact my office.

Sincerely,



WOODROW L. MYERS, JR., M.D.  
STATE HEALTH COMMISSIONER  
INDIANA STATE BOARD OF HEALTH

Enclosures



Indiana Review Committee for AIDS Education Materials

Richard C. Johnson  
Johnson Construction Co.  
6055 North High School Road  
Indianapolis, IN

Marge Miller  
AIDS Task Force  
1208 East State Blvd.  
Fort Wayne, IN 46805

Phyllis Lewis  
Student Services  
Indiana Department of Education  
Room 229, Statehouse  
Indianapolis, IN 46204

Pearl D. Johnson, M.D.  
Chief Health Officer  
Lake County Health Department  
2293 North Main Street  
Crown Point, IN 46307

Kenneth Stroud  
Professor of Law  
Indiana University School of Law  
735 West New York Street  
Indianapolis, IN 46202

Carolyn Sanders  
Methodist Hospital  
Infection Control  
1701 North Senate Blvd.  
P.O. Box 1367  
Indianapolis, IN 46206-1229

Jane M. Irmscher, M.D.  
Health Officer  
Fort Wayne/Allen County Health Department  
City County Building  
One East Main Street  
Fort Wayne, IN 46802

## Second Regular Session 105th General Assembly

**PRINTING CODE.** Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in **this style type**.

**Additions:** Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each **SECTION** that adds a new provision to the Indiana Code or the Indiana Constitution.

## HOUSE ENROLLED ACT No. 1067

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AN ACT to amend the Indiana Code concerning education.

*Be it enacted by the General Assembly of the State of Indiana:*

**SECTION 1.** IC 20-1-6-2, AS AMENDED BY P.L.217-1987, **SECTION 28, IS AMENDED TO READ AS FOLLOWS:** Sec. 2. (a) There is created under the state board of education a division of special education, which shall exercise all the power and duties set out in this chapter. The governor shall appoint, upon the recommendation of the state superintendent of public instruction, a director of special education who shall serve at the pleasure of the governor. The amount of compensation of the director shall be fixed by the budget agency with the approval of the governor. The duties of the director shall be as follows:

- (1) To have general supervision of all programs, classes, and schools, including those conducted by the public schools, the department of correction, the state board of health, and the department of mental health, for handicapped children and to coordinate the work of these schools. However, general supervision does not include the determination of admission standards for the department of correction, the state board of health, and the department of mental health.
- (2) To make, with the approval of the state board of education, rules governing the curriculum and instruction, including licensing of personnel in the field of education, as provided by law.
- (3) To inspect and rate all schools, programs, or classes for handicapped children in order to maintain proper standards of personnel, buildings, equipment, and supplies.
- (4) With the consent of the state superintendent of public instruction and the budget agency, to appoint and fix salaries for any assistants and other personnel needed to enable him to accomplish the duties of his office.

(5) To make, with the approval of the state board of education:

(A) rules governing the identification and evaluation of handicapped children and their placement, pursuant to an individualized education program in a special education program; and

(B) rules protecting the rights of a handicapped child and his parents in the identification, evaluation, and placement process.

(6) To make rules, with the approval of the state board of education, that set standards for maximum class sizes and case loads to assist each teacher in meeting the individual needs of each child according to that child's individualized education program.

(b) The director or the state board of education may exercise authority over vocational programs for handicapped children through a letter of agreement with the commission on vocational and technical education.

**SECTION 2. IC 20-8.1-6.1-6.1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS: Sec. 6.1. (a) This section applies only:**

(1) to children described in subsection (c)(2)(D);

(2) after the school corporation has made extensive efforts to provide a suitable educational program within the school corporation to the child described in subsection (c)(2)(D); and

(3) after the school corporation determines that the child cannot be served by the school corporation and as a last resort can be best served by placement with the not-for-profit corporation.

(b) The school corporation shall maintain records concerning the efforts made by the school corporation to provide the educational program within the school corporation to the child as required under subsection (a).

(c) A school corporation may enter into an agreement with:

(1) a not-for-profit corporation that operates a federally approved education program; or

(2) a not-for-profit corporation that:

(A) is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code;

(B) for its classroom instruction, employs teachers who are certified by the state board of education;

(C) employs other professionally and state licensed staff as appropriate; and

(D) educates children who:

- (i) have been suspended, expelled, or excluded from a public school in that school corporation and have been found to be emotionally disturbed;
- (ii) have been placed with the not-for-profit corporation by court order; or
- (iii) have been referred by a local health department;

in order to provide a student with an individualized education program that is the most suitable educational program available.

(d) If a school corporation enters into an agreement as described in subsection (c), the school corporation shall pay an amount agreed upon from the transfer tuition of the student to the not-for-profit corporation.

SECTION 3. IC 20-10.1-4-11 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS: Sec. 11. Throughout instruction on human sexuality or sexually transmitted diseases, an accredited school shall:

- (1) teach abstinence from sexual activity outside of marriage as the expected standard for all school age children;
- (2) include that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems; and
- (3) include that the best way to avoid sexually transmitted diseases and other associated health problems is to establish a mutually faithful monogamous relationship in the context of marriage.

SECTION 4. IC 36-1-9-3, AS AMENDED BY P.L.1986, SECTION 3, IS AMENDED TO READ AS FOLLOWS: Sec. 3. (a) A purchasing agent who is purchasing or leasing materials must comply with this section whenever the total price of each line or class of materials to be purchased annually exceeds twenty-five thousand dollars (\$25,000) or total annual rental payments exceed twenty-five thousand dollars (\$25,000).

(b) Except as provided by subsection (c), a purchasing agent shall prepare specifications describing the kind and quantity of the materials needed, but the purchasing agent shall avoid specifications that might unduly limit competition. In addition, the specifications may include one (1) or more of the following conditions:

- (1) That bids will be received and contracts let, separately, for each line or class of materials.

- (2) That bids will be received and contracts let for the purchase or lease of an unspecified number of items at a fixed price per unit.
- (3) That bids will be evaluated on the basis of such factors as reliability, productivity, and the cost of maintenance and services.
- (c) The following procedure may be used in lieu of subsection (b) when the purchasing agent makes a written determination that the use of subsection (b) is not feasible and authorization is granted by the executive of the political subdivision or agency:
  - (1) Proposals to develop specifications shall be solicited through a request for proposals, which must include:
    - (A) the factors or criteria that will be used in evaluating the proposals;
    - (B) a statement concerning the relative importance of price and the other evaluation factors;
    - (C) a statement concerning whether the proposal must be accompanied by a certified check or other evidence of financial responsibility; and
    - (D) a statement concerning whether discussions may be conducted with the offerors for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements.
  - (2) Notice of the request for proposals shall be given by publication in accordance with IC 5-3-1.
  - (3) As provided in the request for proposals, discussions may be conducted with the offerors for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements.
  - (4) Offerors must be accorded fair and equal treatment with respect to any opportunity for discussion and revisions of proposals.
  - (5) After the procedures outlined in this subsection have been completed, the resulting specifications shall be let for bid under this section.
- (d) The notice of the time and place for receiving the bids shall be given by publication in accordance with IC 5-3-1. A bidder may not be required to submit a bid before the meeting at which bids are to be received.
- (e) All meetings for receiving bids must be open to the public. The bids shall be opened publicly and read aloud at the time and place designated in the notice and not before.
- (f) All plans and specifications shall be kept in a place available for public inspection, which shall be specified in the notice.



(g) Except as provided in ~~subsection~~ subsections (i) and (j), the purchasing agent shall, after a satisfactory bid is received, award a contract to the lowest responsible and responsive bidder for each line or class of materials required. However, if a contract awarded under this subsection is not awarded to the lowest bidder, the factors used to justify that award must be stated in the minutes or memoranda at the time the award is made, and a copy of the minutes or memoranda must be kept available for public inspection.

(h) The purchasing agent may reject all bids and ask for new bids. If no valid bids are received for an item, the purchasing agent may purchase or lease that item on the open market without further advertisement for bids.

(i) Notwithstanding subsection (g), a county may award sand, gravel, asphalt paving materials, or crushed stone contracts to more than one (1) responsible and responsive bidder if the specifications allow for bids to be based upon service to specific geographic areas and the contracts are awarded by geographic area. The geographic areas do not need to be described in the specifications.

(j) A school corporation shall, after a satisfactory bid is received, award a contract to the lowest and the best responsible and responsive bidder in the opinion of the school corporation for each line or class of materials required. However, if a contract awarded under this subsection is not awarded to the lowest bidder, the factors used to justify the award must be stated in the minutes or memoranda at the time the award is made, and a copy of the minutes or memoranda must be kept available for public inspection.

**SECTION 5. (a)** The actions of a school corporation taken before January 1, 1989, in acquiring any interest in real estate or a real estate improvement, under a deed that contains a reverter clause that limits the use of the property by the school corporation, are legalized.

(b) If a reversion occurs under a deed described in subsection (a), the school corporation is entitled to the improvements (or the fair market value of the improvements) made to the property by the school corporation.

**SECTION 6. (a)** Notwithstanding IC 20-1-6-2, as amended by this act, before adopting rules under IC 20-1-6-2(a)(6) concerning standards for maximum class sizes and case loads, the director of the division of special education during the development of the rules shall advise



the general assembly and the budget agency of the plans and fiscal estimates concerning the proposed rules.

(b) This SECTION expires July 1, 1989.

SECTION 7. Because an emergency exists, this act takes effect as follows:

SECTION 1.....Upon passage

SECTIONS 2 through 3.....July 1, 1988

SECTIONS 4 through 6.....Upon passage

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**President of Senate**

---

**President Pro Tempore**

---

**Speaker of the House of Representatives**

**Approved:** \_\_\_\_\_

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**Governor of the State of Indiana**

## First Regular Session 105th General Assembly

**PRINTING CODE. Amendments:** Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in **this style type**.

**Additions:** Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

## SENATE ENROLLED ACT No. 72

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AN ACT to amend the Indiana Code concerning communicable diseases.

*Be it enacted by the General Assembly of the State of Indiana:*

**SECTION 1. IC 16-1-9.6 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS:**

**Chapter 9.6. AIDS Information.**

**Sec. 1. The state board must provide information stressing the moral aspects of abstinence from sexual activity in any literature that it distributes to schoolchildren and young adults concerning available methods for the prevention of acquired immune deficiency syndrome (AIDS). Such literature must state that the best way to avoid AIDS is for young people to refrain from sexual activity until they are ready as adults to establish, in the context of marriage, a mutually faithful monogamous relationship.**

**Sec. 2. The state board may not distribute AIDS literature described in section 1 of this chapter to schoolchildren without the consent of the governing body of the school corporation the schoolchildren attend.**

**SECTION 2. IC 20-8.1-7-21 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS: Sec. 21.**

**(a) The state board of education shall provide information stressing the moral aspects of abstinence from sexual activity in any literature that it distributes to schoolchildren and young adults concerning available methods for the prevention of acquired immune deficiency syndrome (AIDS). Such literature must state that the best way to avoid AIDS is for young people to refrain from sexual activity until they are ready as adults to establish, in the context of marriage, a mutually faithful**

**monogamous relationship.**

**(b) The state board of education may not distribute AIDS literature described in subsection (a) to schoolchildren without the consent of the governing body of the school corporation the schoolchildren attend.**

**SECTION 3. This act takes effect January 1, 1988.**

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President of Senate

---

President Pro Tempore

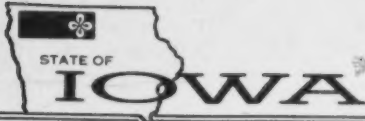
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Speaker of the House of Representatives

Approved: \_\_\_\_\_

---

Governor of the State of Indiana



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF PUBLIC HEALTH

MARY L. ELLIS, DIRECTOR

May 24, 1988

The Honorable John Glenn, Chairman  
Committee on Governmental Affairs  
Washington, D.C. 20510-6250

ATTENTION: Lorraine Lewis

Dear Senator Glenn:

In answer to your inquiry of May 10, 1988:

1. The Iowa Department of Public Health established its review panel in June of 1986.
2. Currently there is only one panel in Iowa. A second panel will be formed to review the Department of Education AIDS material.
3. The procedure for choosing panel members is as follows: Members are proposed by Coalition groups, the AIDS program and by other agencies and organizations and approved by the Director of Health. The current panel contains representatives from the Hispanic, Black and Religious communities and private citizens and represents three (3) different population centers within state. There are currently seven (7) members on the panel.
4. The review panel has rejected some material but not specifically because of PL100-202.
5. Review panel criteria in Iowa follow the CDC recommendations as they appeared in the grant proposal guidelines.
6. In Iowa there has been difficulty in preparing acceptable HIV pamphlets directed toward IV drug users in language and terms this group relates to.

The placing of various ethnic and religious groups on the review panel has aided in the approval of culturally sensitive information concerning HIV infection.

Sincerely,

John R. Kelly, Division Director  
Division of Disease Prevention  
515-281-7785

JK/FHA/sjm



## STATE OF KANSAS



## DEPARTMENT OF HEALTH AND ENVIRONMENT

Forbes Field  
Topeka, Kansas 66620-0001  
Phone (913) 296-1500

Mike Hayden, Governor

Stanley C. Grant, Ph.D., Secretary  
Gary K. Hulett, Ph.D., Under Secretary

August 11, 1988

Andrea Fastenberg  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Dear Ms. Fastenberg:

The following is in response to Senator John Glenn's inquiry regarding the impact of Public Law 100-202 on the AIDS program of the Kansas Department of Health and Environment (KDHE).

1. When PL 100-202 was enacted in 1985, the KDHE's Advisory Commission on Health, appointed by the governor in accordance with Kansas statute, was assigned the task of reviewing AIDS educational materials. The commission performed this function until early in 1988, when the statute authorizing their formation was amended, and the advisory commission was abolished. Subsequently, a new review committee was appointed, selected by KDHE staff, comprised of persons known to be aware of and interested in AIDS, and representing diverse groups. Enclosed is a listing of the committee members including their affiliations and areas of interest. This is the only panel currently existing in Kansas for this purpose.
2. The review committee--either as originally formed or as currently formed--has not, to date, rejected any items presented for approval.
3. There are no formally-established or published guidelines of Kansas origin relating to the content of AIDS education materials. However, KDHE staff has interpreted the requirements of PL 100-202 for purposes of evaluating AIDS educational materials. These interpretations and samples of review forms are enclosed.
4. PL 100-202 has had two effects in Kansas, both of which have been deleterious to the AIDS program, as follows:
  - (1) Staff members have become extraordinarily conservative in selecting material for presentation to the panel. This inhibiting effect has likely precluded review of materials that may be effective with specific target groups but which are clearly offensive to the general public.
  - (2) Assembling the review panel and assuring review of items is logistically complex, consuming administrative effort which could be put to more productive use.

In summary, we believe materials for AIDS education should be produced and distributed to meet specific population needs instead of being gauged by one rigid standard, imposed by the "general population."

Sincerely,

*Robert French*  
Robert French  
Director, Field Services  
Epidemiology



**CABINET FOR HUMAN RESOURCES**  
COMMONWEALTH OF KENTUCKY  
FRANKFORT 40621

DEPARTMENT FOR HEALTH SERVICES

May 27, 1988

The Honorable John H. Glenn, Senator  
United States Senate  
Washington, DC 20510

Dear Senator Glenn:

This letter is in response to your request dated May 10, 1988 for information about AIDS education activities funded by the federal government. The program review panel of the Kentucky AIDS Education Project was first convened on May 7, 1986. The panel is the only state review panel in existence for the review of proposed AIDS educational materials purchased with federal funds designated for AIDS Health Education/Risk Reduction (HERR) programming. The panel reviews all literature and audiovisual materials intended for distribution through the Project for conformity to CDC Basic Principles and to prevailing community standards. The nine members were selected in accordance with guidelines issued by the CDC. Six of the nine members work in the public health education sector and are accustomed to dealing with the difficulties encountered in effectively conveying health messages to different types of people. Please refer to the attached sheet for the panel's membership, including group affiliation.

The Kentucky AIDS Education Project has never, during its existence, promoted or encouraged, homosexual activities. Federal funds have been used for the express purpose of public education about HIV infection and AIDS. Information targeted towards individuals at increased risk due to behavioral practices, while culturally sensitive and replete with explicit AIDS prevention information, has never fostered homosexuality. Although the program review panel has, on a few occasions, recommended that materials not be purchased, the decisions were based on the overall quality of the materials (i.e., accuracy, presentation, viewer appeal). No materials have been rejected for unsuitable or morally questionable content.

Effective with 03 year grant funds, educational and informational materials purchased with federal funds by community-based AIDS organizations are also subject to review by the state program review panel. CDC guidelines relating to content of AIDS-related materials and Public Law 100-202 have been distributed to the grantees. We have not yet heard from any of our grantees that P.L. 100-202 has limited their ability to provide effective AIDS education. These organizations have also been informed that condoms purchased with federal funds under AIDS education and information programming are to be given only to individuals age 18 or older. Minors (individuals under 18) are to be

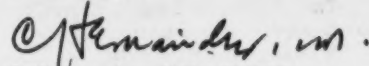
"An Equal Opportunity Employer M/F/H"

The Honorable John Glenn, Senator  
May 27, 1988  
Pae 2

referred to the local health department or to a clinic treating sexually transmitted diseases. The intent of this requirement is to ensure that minors receive appropriate counseling.

If you have additional information needs, please do not hesitate to contact my staff. Ms. Phyllis Skonicki (502-564-7112) is the program manager responsible for AIDS Health Education/Risk Reduction programming.

Sincerely,

A handwritten signature in dark ink, appearing to read "C. Hernandez, M.D., M.P.H.", written in a cursive style.

C. Hernandez, M.D., M.P.H.  
Commissioner

cc: Senator Wendell H. Ford  
Senator Mitch McConnell

**KENTUCKY AIDS EDUCATION PROJECT****Program Review Panel**

Dr. Robert Baugh  
Department of Health Education  
Eastern Kentucky University

Thomas Nicholson, Ph.D.  
Department of Health & Safety  
Western Kentucky University

Dr. James Batts, Acting Unit Director  
Health and Psychological Services  
Kentucky Department of Education

Dr. H. Stephen Shoemaker  
Crescent Hill Baptist Church

Ms. Joyce Compton  
Public Education Director  
American Cancer Society

**Advisors**

Reginald Finger, MD, MPH, Manager  
Communicable Disease Branch  
Department for Health Services

Grace Eddison, M.D.  
Gateway District Health Department

Ms. Phyllis Skonicki, Manager  
Health Promotion Branch  
Department for Health Services

Mr. Jack Kersey  
(Gay Activist)

Mr. David Raines, Jr., Manager  
Sexually Transmitted Disease Program  
Communicable Disease Branch  
Department for Health Services

Glenn Lohr, Ph.D.  
Department of Health & Safety  
Western Kentucky University

**Staff**

Pat Walker, Ed.D.  
Associate Director  
Division of Allied Health  
University of Louisville  
(Minority Representative)

Ms. Theresa Glore, AIDS Educator  
Kentucky AIDS Education Project



## COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

313 NORTH FIGUEROA STREET • LOS ANGELES, CALIFORNIA 90012 • (213) 974-7576



May 27, 1988

The Honorable John Glenn  
United States Senate  
Senate Office Building  
Washington, D.C. 20510-6250

Dear Senator Glenn:

The attached responds to your May 10, 1988 request for information regarding AIDS education activities funded by the Federal government.

Los Angeles County receives a direct Centers for Disease Control (CDC) grant for the production of AIDS education materials and observes CDC guidelines. Los Angeles County has not received a grant from the State of California for the production of AIDS information materials; we are therefore unable to provide information on State requirements and enforcement.

If you have any questions or need additional information, please contact me.

Very truly yours,

Sandra J. Anderson, Director  
Governmental Relations

SJA:fcu  
805:056

Attachment

## LOS ANGELES COUNTY • DEPARTMENT OF HEALTH SERVICES

## INFORMATION ON AIDS EDUCATION MATERIALS

QUESTION: WHEN DID YOU FIRST ESTABLISH A PANEL TO REVIEW THE CONTENTS OF PROPOSED AIDS EDUCATION MATERIALS?

ANSWER: About April 1986, Los Angeles County submitted names to the Centers for Disease Control (CDC) of those who would compose the first Los Angeles County review panel. We were informed by CDC that the Centers approved the membership of the review panel, unless we were otherwise notified.

QUESTION: HOW MANY PANELS CURRENTLY EXIST WITHIN YOUR STATE?

ANSWER: We are unable to answer for the State of California.

QUESTION: WHAT IS THE CURRENT PROCEDURE USED FOR CHOOSING THE MEMBERS OF THE REVIEW PANEL?

ANSWER: Names of community leaders representative of the various groups and interests within Los Angeles County are reviewed by the AIDS Program staff for selection. After those who are selected consent to serve on the review panel, their names are submitted to the County Director of Health Services who makes the final appointment.

QUESTION: HOW MANY MEMBERS ARE THERE ON THE PANEL?

ANSWER: Currently, there are seven members on the panel.

QUESTION: WHAT GROUPS OR POPULATIONS DOES THE PANEL REPRESENT?

ANSWER: The panel includes heterosexuals, homosexuals, Latinos, Asians, women, and the clergy.

QUESTION: HAS THE REVIEW PANEL DISAPPROVED OR REJECTED ANY MATERIALS TO DATE? IF SO, WAS THIS THE RESULT OF THE RESTRICTIONS IMPOSED BY PUBLIC LAW 100-202?

ANSWER: No materials have been rejected to date and, therefore, Public Law 100-202 does not apply.



- PAGE 2 -

QUESTION: WHAT ARE THE CURRENT REQUIREMENTS ON YOUR STATE RELATING TO THE CONTENT OF AIDS EDUCATION MATERIALS PRODUCED WITH FEDERAL FUNDS AND HOW ARE THEY ENFORCED?

ANSWER: Los Angeles County has not received a Federally Funded state grant for the production of AIDS education materials. We are not aware of state requirements and their enforcements.

QUESTION: IF YOU HAVE ANY WRITTEN GUIDELINES FOR STATE AND LOCAL OFFICIALS OR COMMUNITY BASED ORGANIZATIONS CONCERNING THE CONTENT OF AIDS EDUCATION MATERIALS, PLEASE PROVIDE A COPY OF THOSE GUIDELINES.

ANSWER: Los Angeles County uses CDC guidelines only.

QUESTION: WHAT HAS BEEN THE EFFECT OF PUBLIC LAW 100-202 ON THE ABILITY OF THE STATE AND LOCAL GOVERNMENTS OR COMMUNITY BASED ORGANIZATIONS, WHICH RECEIVED FEDERAL FUNDS, TO PROVIDE ACCURATE, EXPLICIT AND CULTURALLY SENSITIVE INFORMATION ON REDUCING THE RISK OF BECOMING INFECTED WITH HIV?

ANSWER: We have no information on this matter.



**State of Louisiana**  
*Department of Health and Hospitals*

P. O. BOX 3776

BUDDY ROEMER  
 GOVERNOR

**Baton Rouge, Louisiana 70821**  
 Office of Public Health  
 P.O. Box 60630  
 New Orleans, LA 70160  
 504/568-5051

DAVID L. RAMSEY  
 SECRETARY  
 504/342-6711

May 25, 1988

The Honorable John Glenn  
 Chairman  
 Committee on Governmental Affairs  
 United States Senate  
 Washington, D.C. 20510-6250

Dear Senator Glenn:

Your recent letter to Mr. David L. Ramsey requesting information on AIDS education activities has been referred to me for response.

1. The Louisiana AIDS Prevention and Surveillance (LAPS) Program established a program review panel as per mandate from Centers for Disease Control after receiving a Cooperative Agreement Grant in April, 1986 (see attached letter)

One panel currently exists within Louisiana for the LAPS Program. Members were chosen from a cross-section of the general community and were not drawn predominantly from the target population or groups to whom the written materials, pictorials, audiovisuals, etc. were directed.

At the present time, five regular and one interim member compose LAPS's program review panel, including a director of volunteers, a minister, two medical doctors, a professor of nursing, and a community task force volunteer. One of the members is from a minority population (Black).

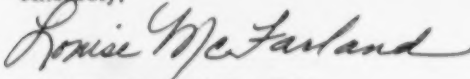
2. Some materials have been disapproved to date by a couple of panel members, but not as a result of the restrictions imposed by Public Law 100-202.

Senator John Glenn  
May 25, 1988  
Page -2-

3. Current requirements relating to the content of AIDS education materials produced with federal funds follow the Centers for Disease Control January 1988 Guidelines for content of AIDS-related education materials and sessions that were included in the CDC Request for Proposal packet. Materials not approved by the review panel are either not used at all, or amended to reflect these guidelines. The LAPS program prints and/or distributes all approved AIDS materials to populations in the state.
4. Accurate, explicit and culturally sensitive information on reducing the risk of becoming infected with HIV is being produced and approved by our panel even with the restrictions of Public Law 100-202 taken into account.

Please let me know if I can provide additional information.

Sincerely,



Louise McFarland, Dr. P.H.  
Chief,  
Epidemiology Section

LM:jh

Enc.



EDWIN W. EDWARDS  
GOVERNOR

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/1/87 BY 60322  
**State of Louisiana**  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES  
P. O. BOX 80630 - PHONE - 504/588-8060  
NEW ORLEANS, LOUISIANA 70180

SANDRA L. ROBINSON, M.D., M.P.H.  
SECRETARY  
STATE HEALTH OFFICER  
504/588-9711

March 15, 1987

Mr. Leo A. Sanders  
Procurement and Grants Office  
Centers for Disease Control  
255 E. Paces Ferry Road, NE, Room 321  
Atlanta, GA 30305

Dear Mr. Sanders:

This is to assure you that we concur with CDC's guidelines on Content of Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions, as contained in the program announcement on Cooperative Agreements for AIDS Prevention Projects, and will continue to abide by those guidelines. All educational materials to be produced or distributed under this project are reviewed by the Program Review Panel.

The current membership of our Program Review Panel is as follows:

Mrs. Margaret Austin      Occupation: Director of Volunteer Services, the New Orleans AIDS Project.  
Personal: New Orleans native; white; married; no children; certified in secondary education, taught in Jefferson Parish public school system; as student in a Clinical Pastoral Education program, served as a chaplain at Southern Baptist Hospital; Tulane Medical Center volunteer.  
Organizations: Co-chair, Louisiana AIDS Community Network; Member, Governing Board of Trinity Episcopal Church; Member, New Orleans Symphony Auxiliary.

Dr. Clyde Frazier      Occupation: Senior Minister, Rayne Memorial United Methodist Church.  
Personal: New Orleans resident for 23 years; white; married; father of three.  
Organizations: Member and past president, Greater New Orleans Federation of Churches.

Dr. Barbara Hanna      Occupation: Assistant Professor of Medicine, Tulane University School of Medicine; Chief of Infection Control, Veterans Administration Medical Center, New Orleans.  
Personal: New Orleans resident for 13 years; white; married; mother of four.

"AN EQUAL OPPORTUNITY EMPLOYER"

Assurance Letter

March 15, 1987

Page 2

Mr. Will Folts Occupation: Military Personnel Examiner  
for the Department of Defense.

Personal: New Orleans resident for 5 years; white; unmarried.

Organizations: Vice-chair, Board of Directors, NO/AIDS Task  
Force.

Dr. Enrica Singleton Occupation: Professor of Nursing, LSU  
Medical Center School of Nursing Graduate  
Program.

Personal: New Orleans resident for 22 years; black; married;  
mother of four; MPH in Community Nursing, DrPH in Health Systems  
Management.

Organizations: Chair, Planning Committee, Greater New Orleans  
United Way; Member, Board of Directors, Greater New Orleans  
United Way; President, Board of Directors, Hume Child Development  
Center; Chair, State Family Planning Advisory Committee; Member,  
Board of Directors, Pendleton Memorial Hospital.

These five persons have generously agreed to give of their  
valuable time to serve on the Program Review Panel.

*Pershing Delaup*

Pershing Delaup  
Administrator  
DHHR-OM&F Fiscal Office

*Joyce B. Mathison*

Joyce B. Mathison, MD, MPH&TM  
State Epidemiologist



John R. McKernan, Jr.  
Governor

Rollin Ives  
Commissioner

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

August 9, 1988

Andrea Fastenberg  
C/O The Honorable John Glen  
United States Senate  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Dear Ms. Fastenberg:

Following our phone conversation today I have collected all the available information we have in our records regarding our "Program Review Panel". Those involved in the original CDC cooperative agreement are no longer with the Bureau of Health but I have reconstructed the panel history as best I can. I feel confident that it will answer the Senator's Questions.

1. Our first CDC cooperative agreement was awarded in 1986 and was directed by Dr. Knut Rha. A condition of that agreement was the establishment of a program review panel and that was accomplished in accordance with CDC guidelines. It is my understanding that the original panel never met as the program had not yet begun to produce materials that required review. In January of 1986 The Office On AIDS with the full cooperation of the AIDS Advisory Committee was ready to go to print with the first of our pamphlets. The attached form was created for documentation of committee results. Committee members were chosen based on demonstrated knowledge of the disease of AIDS, involvement with critical organizations or agencies, and willingness to serve in this capacity. The current Committee consists of eight people. Though they were not elected or appointed by organizations, one is a social worker, a physician, an employee of the Maine Human Rights Commission, a psychologist, a member of the Maine Lesbian/Gay Political Alliance, Chair of the AIDS Advisory Committee, a Member of the Maine Hemophilia Foundation and a member of a substance abuse intervention program.

2. No materials have been disapproved or rejected. It is important that it be understood that materials have been "corrected or adjusted" based on the panels input. PL 100-202 has not been the reason stated for the panel's request for additions, deletion, or changes.

3. There are no state requirements beyond those imposed by the CDC regarding education materials. The CDC guidelines are in all of our contracts.



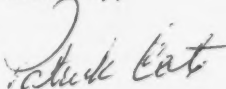
Ms. Fastenberg  
Page 2  
August 9, 1988

4. The primary effect of PL 100-202 has been an increased anxiety for both those who request contracts and our program representatives who prepare requests for proposals. There are and have been no test cases for anyone to use as a benchmark and everyone wants to avoid being the first. This has resulted in many of our consultants/community based organizations simply not requesting projects that may put them at risk of violating the law. Additionally, it has created resentment in that those who are experienced in providing innovative approaches to educating/informing high risk populations.

I do hope that this will meet your needs. Please consider forwarding any further requests for information directly to me, or at lease copying the Office On AIDS. This request was lost for an extended period before your calls brought it to my attention.

Thank you for the opportunity to participate in the survey even though we were very tardy.

Sincerely,



Patrick Cote, R.N.  
Director, Office On AIDS

PC/pjb  
0727J

## PROGRAM REVIEW PANEL

APPROVAL DOCUMENTATION FORM

**PURPOSE:** The purpose of this form is to serve as documentation of Program Review Panel decisions relative to materials considered by the panel.

The following materials have been considered by the  
Program Review Panel for the Maine Aids Project  
Grants for Community Health Education And Risk  
Reduction And Counseling And Testing.

**DISRIPTION OF MATERIALS/PROJECT:**

**THE PANEL RECOMMENDS APPROVAL OF THIS MATERIAL/PROJECT.**

DATE \_\_\_\_\_

**PROGRAM REVIEW PANEL MEMBERS:**

PERRY SUTHERLAND \_\_\_\_\_  
DR. JOSEPH STOCKS \_\_\_\_\_  
FRANCIA DAVIS \_\_\_\_\_  
DR. ANN SCHWAB \_\_\_\_\_  
DALE McCORMICK \_\_\_\_\_  
DR. OWEN PICKUS \_\_\_\_\_  
ELIZABETH STOCKS \_\_\_\_\_  
RUEBEN LAHTI \_\_\_\_\_

WILLIAM DONALD SCHAEFER  
GOVERNOR

*State of*



*Maryland*

ADELE WILZACK, R.N., M.S.  
SECRETARY

**DEPUTY SECRETARIAT FOR PUBLIC HEALTH SERVICES  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

201 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201 • AREA CODE 301 • 225-6525  
Mack Bonner, Jr., M.D., M.P.H.  
Deputy Secretary

June 1, 1988

The Honorable John Glenn  
Chairman, Committee on Governmental Affairs  
United States Senate  
Washington, DC 20510-6250

Dear Senator Glenn:

We appreciate the time and work it has taken to learn about AIDS education activities funded by the Federal Government in Maryland. We hope the following information will assist the Committee with this project. You asked us:

1. a) When did you first establish a panel to perform the function of "community review?"

The panel was recruited and appointed March to May 1986 and first met in June 24, 1986.

- b) How many panels currently exist within your state.

There is one panel, coordinated by the state health department.

- c) What is the current procedure used for choosing the members of the panel?

The members are recruited from a variety of backgrounds and points of view and willingness to serve for a lengthy time on a committee to review AIDS educational materials.

- d) How many members are on the panel?

8 members

- e) What groups or populations do they represent?

see attached sheet

The Honorable John Glenn  
Page 2  
June 1, 1988

2. Has the review panel disapproved or rejected any materials to date. If so, was this the result of the restrictions imposed by Public Law 100-202?

Yes, the review panel has rejected some material. Specifically, the rejected material was a brochure on TB and AIDS. It was rejected because it did not adequately address the issue of AIDS and TB, not because of the restrictions imposed by Public Law 100-202.

3. What are the current requirements in your state relating to the content of AIDS education materials produced with federal funds?

These requirements are the same as required by the Federal Government.

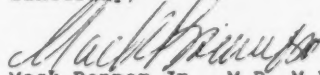
How are the content requirements enforced?

All materials produced with federal funds are put before the review panel. All approved forms are kept and are available for review. Local health departments and community based organization have been made aware of the approval requirements if they produce materials with federal funds.

4. What has been the effect of Public Law 100-200 on the ability of the state and local governments or community based organizations to provide accurate, explicit and culturally sensitive information....

It insures that the state health department produces culturally sensitive information, teaching all ways to reduce risk of becoming infected with HIV.

Sincerely,



Mack Bonner Jr., M.D., M.P.H.  
Deputy Secretary  
Public Health Services

Enclosure

cc: Gillian A. van Blerk, MD. M.P.H.  
Marilyn Goldwater, RN.  
Richard Bandelin  
Secretary Adele Wilzack

COMMUNITY REVIEW PANEL - MARYLAND

|                       | <u>Sex</u> | <u>Race</u> | <u>Social History</u> | <u>Occupation</u>                          | <u>Employer</u>                              |
|-----------------------|------------|-------------|-----------------------|--------------------------------------------|----------------------------------------------|
| Reverend James        | Male       | White       | Married/<br>Children  | Minister                                   | First Unitarian<br>Church, Baltimore         |
| Reverend Marion       | Male       | Black       | Married/<br>Children  | Minister                                   | Douglas Community<br>Church, Baltimore       |
| Mr. Andrew Graham     | Male       | White       | Married/<br>Children  | Attorney                                   | Self                                         |
| Deborah Douglas, M.D. | Female     | White       | Married/<br>Children  | Physician                                  | Medical Director<br>Chesapeake Region        |
| Ms. Jacqueline McLean | Female     | Black       | Married/<br>Children  | City Council<br>Representative             | Elected Public<br>Official                   |
| Mr. Alexander Rose    | Male       | White       | Married/<br>Children  | University<br>Professor<br>(semi-retired)  | University of<br>Baltimore<br>(semi-retired) |
| Mr. Curt Decker       | Male       | White       | Single                | Attorney                                   | Self                                         |
| Mr. C. Brook Andrews  | Male       | White       | Widower/<br>Children  | Professional<br>Artist<br>(former teacher) | Self<br>(former teacher)                     |



Deborah Prothrow-Stith, M.D.  
Commissioner  
George F. Grady, M.D.  
Director

*The Commonwealth of Massachusetts*  
*Executive Office of Human Services*  
*Department of Public Health*  
*Center for Disease Control*

305 South Street, Boston, Ma. 02130

- State Laboratory Institute
- Communicable Disease Epidemiology and Control
- Theobald Smith Health Services Facility

June 6, 1988

Senator John Glenn  
United States Senate  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Dear Senator Glenn:

Commissioner Prothrow-Stith has asked me to respond to your letter concerning the Review Panel in Massachusetts designated to approve materials used in federally-funded AIDS education programs. The following information is provided in response to questions 1-4 of your letter dated May 10, 1988:

#1. The panel, first established in 1986, is the only group of its kind within the Commonwealth. The eleven members have been chosen by the Department of Public Health AIDS Program because of their affiliation with population groups for whom the materials are targeted and for their professional expertise in the area of AIDS and health education.

#2. To date, no materials have been disapproved or rejected by the panel.

#3. The current requirements applied to the content of these materials are those called for in Public Law 100-202. There are no additional requirements or guidelines in place.

#4. Public Law 100-202 has made certain private agencies more cautious about the type of materials developed with federal funding, but has not significantly limited the ability of these organizations to use materials with explicit information. Other sources of financial support are available, in most cases, for use in AIDS prevention activities; these sources are usually less restrictive in their approval processes.

Please feel free to call upon me directly (617-522-3700, ext 485) if you would like additional information now or in the future.

Sincerely,

Laureen M. Kunches RN, MPH  
Director of AIDS Activities  
MA Center for Disease Control





# minnesota department of health

717 s.e. delaware st.

p.o. box 9441

minneapolis 55440

(612) 625-9000

May 26, 1988

The Honorable John Glenn, Chairman  
 United States Senate  
 Committee on Governmental Affairs  
 Washington, D.C. 20510-6250

Dear Senator Glenn:

Thank you for your interest in Minnesota's process for reviewing the contents of proposed AIDS educational material. The restrictions imposed by Public Law 100-202 have, as yet, had few negative effects on the delivery of AIDS prevention and risk reduction programs here in our state for the primary reason that all community-based organizations receive state funds not federal funds, from the Minnesota Department of Health (MDH). The MDH currently funds 10 local health departments and six community-based organizations to provide community education and/or risk reduction education to targeted individuals most at risk for HIV infection. A total of almost \$600,000 of state AIDS funding supports the MDH AIDS Prevention Grants Program.

The AIDS Prevention Cooperative Agreement received from the Centers for Disease Control (CDC) supports the statewide AIDS media campaign. All print and radio products developed for this campaign and all AIDS educational materials purchased by the MDH and made available through the lending library have received review from the CDC-mandated AIDS Materials Review Panel. On March 3, 1986 Michael T. Osterholm, Principal Investigator for the MDH AIDS Prevention Cooperative Agreement, proposed the following membership of the AIDS Materials Review Panel to the CDC.

1. Donald Bishop, Ph.D., Research Director, Division of Health Promotion and Education, MDH.
2. James Nelson, Ph.D., Professor of Christian Ethics, United Theological Seminary, New Brighton.
3. Mrs. Lee Luebbe, Winona County Commissioner and Chairman, Community Health Services Advisory Committee.
4. Scott Strickland, M.D., Park-Nicollet Medical Center, Minneapolis.
5. James Finnigan, Jr., Assistant Professor, Director of Media, Minnesota Heart Health Program, Division of Epidemiology, University of Minnesota.

Our review panel also reviews educational materials prepared by the Minnesota AIDS Project (MAP), the statewide community-based organization funded by the MDH. MAP receives funding through the MDH from the CDC to provide educational programming for youth at risk in the Twin Cities metropolitan area.

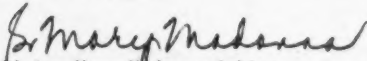
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Senator Glenn  
May 26, 1988  
Page 2

This is the only AIDS Materials Review Panel in our state. Membership was selected by the Director of the Division of Disease Prevention and Control, Michael Moen, and approved by Eric Engstrom, Executive Director for MAP. Each panel member received a copy of the CDC published basic principles for review of written, audiovisual, and pictorial AIDS educational materials as presented in the CDC's request for proposals, Winter 1986 and Winter 1987. There are no other written guidelines concerning the content of AIDS educational material. In addition, all recommendations for development and/or purchase of AIDS educational materials must be reviewed and approved by the Executive Office of the MDH and myself. Of the fifty or so AIDS print and/or audiovisual products reviewed by the AIDS Material Review Panel, only two were disapproved by the committee. Disapproval for the two products was primarily based on the presence of factual errors or the content did not meet community standards for professional use.

All MDH funded AIDS education and prevention activity promotes postponement of sexual activity as the only way to effectively prevent AIDS transmission and recommends against the use of illegal intravenous drugs. We feel fortunate to have a state-supported AIDS Prevention Grants Program in Minnesota. I hope that this information will be helpful to you and your committee as you evaluate the impact of the restrictions imposed by the Public Law 100-202. It was not clear from your letter exactly how you intend to use the information that you gather from state health departments. It would be helpful if you would please describe the committee's objectives and share the outcome of your June 8 hearing with me and other state and territorial health authorities.

Sincerely yours,



Sister Mary Madonna Ashton  
Commissioner of Health

SMMA:KAH:dn

|                     |
|---------------------|
| MISSISSIPPI         |
| STATE DEPARTMENT OF |
| HEALTH              |

Alton B. Cobb, M.D., M.P.H.  
State Health Officer

Reply To:

P.O. Box 1700/2423 North State Street/Jackson, Mississippi 39215-1700/(601)960-7400

May 25, 1988

Senator John Glenn, Chairman  
U.S. Senate Committee on  
Governmental Affairs  
Washington, DC 20510-6250

ATTN: Lorraine Lewis or  
Andrea Fastenberg

Dear Senator Glenn:

We appreciate the opportunity to provide your committee with information about AIDS education activities funded with federal monies in Mississippi. I trust the following will answer your committee's questions.

1. **Review Panel for AIDS Educational Materials.** As a requirement for the receipt of funds for AIDS health education and risk reduction, the State Department of Health established in April of 1987 a program review panel to review all educational materials produced or purchased with federal dollars. Since Mississippi's local and district health departments are a part of the State Health Department and AIDS prevention activities are administered centrally, a single review panel is used for materials distributed through the State Health Department's system statewide. The members of the panel were chosen by the AIDS program staff based on their ability to represent the concerns of various agencies and constituencies involved with or affected by AIDS/HIV infection activities. The panel has six members: (1) a representative of the State Department of Mental Health, (2) a professor of community health nursing at a major state university, (3) a Baptist minister representing the Mississippi Religious Leaders' Conference, (4) a representative of the Mississippi Gay Alliance, (5) an educator from a local school district, and (6) a representative of the blood banking community.
2. **Approval/Rejection of Materials.** Materials proposed for use by the State Department of Health in its AIDS educational activities are carefully reviewed by our AIDS program staff for their suitability to the proposed audience before being submitted to the program review panel for approval. Items that are likely to be offensive by local community standards in Mississippi are not submitted in the first place. As a result of this prescreening process the program review panel has not rejected any of the materials that have been

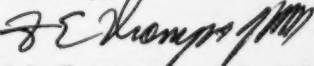
Senator John Glenn  
May 25, 1988  
Page 2 of 2

presented to it to date.

3. **State Requirements and/or Guidelines.** The requirements in Mississippi regarding the content of AIDS education materials produced with federal funds are those expressed in the program announcement for our AIDS health education and risk reduction funding (attached). In addition, we have endorsed the guidelines published by the Centers for Disease Control regarding AIDS education in general (copy attached).
4. **Affect of Public Law 100-202.** Thus far, Public Law 100-202 as it is now worded has not impaired the ability of the State Department of Health or organizations with whom we contract to provide accurate, explicit, and culturally sensitive information on reducing the risk of becoming infected with HIV. The key to this, however, has been the existing wording of the law, which makes it clear that acknowledging the existence of homosexuality or the description of specific practices is not tantamount to encouraging or endorsing these activities, and is necessary to providing appropriate risk reduction information. Should the language of this bill be changed in such a way to allow it to be construed to prohibit even the discussion of specific activities, it could definitely impair our ability to produce or utilize adequate materials.

In summary, from the perspective of the State Department of Health in Mississippi, Public Law 100-202 as it stands has not caused significant impairment of our ability to provide information to reduce the risk of HIV infection. However, we would definitely not recommend changing the wording in any way that would make it more restrictive. We prefer that the discretion of State Health Departments and other responsible public health officials, together with the existing review process by community review panels, be relied upon to assure the appropriateness of educational materials.

Sincerely,



F.E. Thompson, Jr., M.D., M.P.H.  
State Epidemiologist

FET:tcs

cc: Dr. Alton B. Cobb  
Lydia Patterson

Attachments

CONTENT OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS,  
QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN  
CENTERS FOR DISEASE CONTROL ASSISTANCE PROGRAMS

(JANUARY 1988)

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. They include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship. For those individuals who do not eliminate risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. This document is intended to provide guidance for the development of educational materials, and to require the establishment of local review panels to consider the appropriateness of messages designed to communicate with various population groups.

1. Basic Principles

a. Language used in written materials (i.e., pamphlets, brochures, fliers), audiovisual materials (i.e., motion pictures and video tapes), and pictorials (i.e., posters and similar educational materials using photographs, slides, drawings, or paintings) to describe dangerous behaviors and explain less risky practices concerning AIDS should use terms or descriptors necessary for the target audience to understand the messages.

b. Such terms or descriptors used should be those which a reasonable person would conclude should be understood by a broad cross-section of educated adults in society, or which when used to communicate with a specific group, such as homosexual men, about high risk sexual practices, would be judged by a reasonable person to be inoffensive to most educated adults beyond that group.

c. The language of items in questionnaires or survey instruments which will be administered in any fashion to any persons should use terms to communicate the information needed which would be understood by a broad cross-section of educated adults in society but which a reasonable person would not judge to be offensive to such people.

d. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

e. Messages which are part of any materials or activities supported with CDC funds must be consistent with recently enacted Federal legislation (P.L. 100-202 \*) which prohibits the use of CDC funds for "...AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities." This legislation also directs that "Education, information, and prevention activities and materials ...shall

\*The complete texts of the pertinent sections of Public Law 100-202 and the Conference Report which accompanied this legislation are attached.



emphasize (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and (2) abstinence from the use of illegal intravenous drugs."

The intent of Congress is further clarified in the Conference Report which accompanied Public Law 100-202. This report provides that the above language "...shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded."

The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) contains messages which are consistent with the provisions of this legislation.

f. Messages provided to young people in schools and in other settings should be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" (MMWR 1988;37 [suppl. no. S-2]).

2. Program Review Panel

a. Prospective recipients will be required to establish a program review panel whether the applicant plans to conduct the total program activities or plans to have part of them conducted through subvention to nongovernmental organization(s). This panel, guided by the CDC Basic Principles (in the previous section) in conjunction with

prevailing community standards, will review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This panel is intended to review materials only and should not be empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the local governmental jurisdiction. Specifically, applicants for cooperative agreements will be required to include in the application the following:

- (1) Identification of a panel of no less than five persons representing a reasonable cross-section of the general community\*\* but which is not drawn predominantly from the target population or groups to whom the written materials, pictorials, audiovisuals, questionnaires, survey instruments, or educational groups sessions are directed; and
- (2) A letter or memorandum from the proposed project director, countersigned by the business office, which includes:
  - (a) Concurrence with this guidance and assurance that its provisions will be observed;
  - (b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the Panel;

\*\* Panels which review materials for use with school age populations should include representatives of such groups as teachers, school administrators, parents, and students.

b. When a cooperative agreement/grant is awarded, the recipient will:

- (1) Convene the Program Review Panel and present for its assessment actual copies of written materials, pictorials, and audiovisuals proposed to be used;
- (2) Provide for assessment by the Program Review Panel draft text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals proposed to be used;
- (3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that their project files are documented with a statement(s) signed by the Program Review Panel which itemizes their majority vote of approval or disapproval of all proposed written materials, audiovisual materials and pictorials submitted to them.
- (4) Provide to CDC in regular progress reports the signed statement(s) of all members of the program review panel itemizing their majority vote of approval or disapproval of all proposed written materials, audiovisual materials and pictorials.

Text of:

Departments of Labor, Health and Human Services, and Education,  
and Related Agencies Appropriations Act, 1988  
Public Law 100-202  
Title 5, Section 514

(a) Notwithstanding the matter under the heading "Centers for Disease Control", none of the funds made available under this Act to the Centers for Disease Control shall be used to provide AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities.

(b) Education, information, and prevention activities and materials paid for with funds appropriated under this Act shall emphasize--

- (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and
- (2) abstinence from the use of illegal intravenous drugs.

(c) The homosexual activity referred to in subsections (a) and (b) includes any sexual activity between two or more males as described in section 2256(2)(A) of title 18, United States Code.

(d) The illegal drugs referred to in subsection (b) include any controlled substance as defined in section 102(6) of the Controlled Substance Act (21 U.S.C. 802(6)).

(e) If the Secretary of Health and Human Services finds that a recipient of funds under this Act has failed to comply with this section, the Secretary shall notify the recipient, if the funds are paid directly to the recipient, or notify the State if the recipient receives the funds from the State, of such finding and that--

- (1) no further funds shall be provided to the recipient;
- (2) no further funds shall be provided to the State with respect to noncompliance by the individual recipient;
- (3) further payment shall be limited to those recipients not participating in such noncompliance; and
- (4) the recipient shall repay to the United States, amounts found not to have been expended in accordance with this section.

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The conferees agree that language contained in section 514 of the Act relating to AIDS education shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded.

*Supplement*MORBIDITY AND MORTALITY WEEKLY REPORT

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# Guidelines for Effective School Health Education To Prevent the Spread of AIDS

U.S. Department of Health and Human Services  
Public Health Service  
Centers for Disease Control  
Center for Health Promotion and Education  
Atlanta, Georgia 30333

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## Guidelines for Effective School Health Education To Prevent the Spread of AIDS

### Introduction

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Because the virus is transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV (1-5).

The guidelines below have been developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses. The guidelines incorporate principles for AIDS education that were developed by the President's Domestic Policy Council and approved by the President in 1987 (see Appendix I).

The guidelines provide information that should be considered by persons who are responsible for planning and implementing appropriate and effective strategies to teach young people about how to avoid HIV infection. These guidelines should not be construed as rules, but rather as a source of guidance. Although they specifically were developed to help school personnel, personnel from other organizations should consider these guidelines in planning and carrying out effective education about AIDS for youth who do not attend school and who may be at high risk of becoming infected. As they deliberate about the need for and content of AIDS education, educators, parents, and other concerned members of the community should consider the prevalence of behavior that increases the risk of HIV infection among young people in their communities. Information about the nature of the AIDS epidemic, and the extent to which young people engage in behavior that increases the risk of HIV infection, is presented in Appendix II.

Information contained in this document was developed by CDC in consultation with individuals appointed to represent the following organizations:

- American Academy of Pediatrics
- American Association of School Administrators
- American Public Health Association
- American School Health Association
- Association for the Advancement of Health Education
- Association of State and Territorial Health Officers
- Council of Chief State School Officers
- National Congress of Parents and Teachers
- National Council of Churches

National Education Association  
National School Boards Association  
Society of State Directors of Health, Physical Education,  
Recreation and Dance  
U.S. Department of Education  
U.S. Food and Drug Administration  
U.S. Office of Disease Prevention and Health Promotion

Consultants included a director of health education for a state department of education, a director of curriculum and instruction for a local education department, a health education teacher, a director of school health programs for a local school district, a director of a state health department, a deputy director of a local health department, and an expert in child and adolescent development.

### **Planning and Implementing Effective School Health Education about AIDS**

The Nation's public and private schools have the capacity and responsibility to help assure that young people understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during their adolescence and young adulthood. The specific scope and content of AIDS education in schools should be locally determined and should be consistent with parental and community values.

Because AIDS is a fatal disease and because educating young people about becoming infected through sexual contact can be controversial, school systems should obtain broad community participation to ensure that school health education policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values.

The development of school district policies on AIDS education can be an important first step in developing an AIDS education program. In each community, representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations, and other relevant organizations can be involved in developing policies for school health education to prevent the spread of AIDS. The process of policy development can enable these representatives to resolve various perspectives and opinions, to establish a commitment for implementing and maintaining AIDS education programs, and to establish standards for AIDS education program activities and materials. Many communities already have school health councils that include representatives from the aforementioned groups. Such councils facilitate the development of a broad base of community expertise and input, and they enhance the coordination of various activities within the comprehensive school health program (6).

AIDS education programs should be developed to address the needs and the developmental levels of students and of school-age youth who do not attend school, and to address specific needs of minorities, persons for whom English is not the primary language, and persons with visual or hearing impairments or other learning disabilities. Plans for addressing students' questions or concerns about AIDS at the early elementary grades, as well as for providing effective school health education about AIDS at each grade from late elementary/middle school through junior

high/senior high school, including educational materials to be used, should be reviewed by representatives of the school board, appropriate school administrators, teachers, and parents before being implemented.

Education about AIDS may be most appropriate and effective when carried out within a more comprehensive school health education program that establishes a foundation for understanding the relationships between personal behavior and health (7-9). For example, education about AIDS may be more effective when students at appropriate ages are more knowledgeable about sexually transmitted diseases, drug abuse, and community health. It may also have greater impact when they have opportunities to develop such qualities as decision-making and communication skills, resistance to persuasion, and a sense of self-efficacy and self-esteem. However, education about AIDS should be provided as rapidly as possible, even if it is taught initially as a separate subject.

State departments of education and health should work together to help local departments of education and health throughout the state collaboratively accomplish effective school health education about AIDS. Although all schools in a state should provide effective education about AIDS, priority should be given to areas with the highest reported incidence of AIDS cases.

### **Preparation of Education Personnel**

A team of representatives including the local school board, parent-teachers associations, school administrators, school physicians, school nurses, teachers, educational support personnel, school counselors, and other relevant school personnel should receive general training about a) the nature of the AIDS epidemic and means of controlling its spread, b) the role of the school in providing education to prevent transmission of HIV, c) methods and materials to accomplish effective programs of school health education about AIDS, and d) school policies for students and staff who may be infected. In addition, a team of school personnel responsible for teaching about AIDS should receive more specific training about AIDS education. All school personnel, especially those who teach about AIDS, periodically should receive continuing education about AIDS to assure that they have the most current information about means of controlling the epidemic, including up-to-date information about the most effective health education interventions available. State and local departments of education and health, as well as colleges of education, should assure that such in-service training is made available to all schools in the state as soon as possible and that continuing in-service and pre-service training is subsequently provided. The local school board should assure that release time is provided to enable school personnel to receive such in-service training.

### **Programs Taught by Qualified Teachers**

In the elementary grades, students generally have one regular classroom teacher. In these grades, education about AIDS should be provided by the regular classroom teacher because that person ideally should be trained and experienced in child development, age-appropriate teaching methods, child health, and elementary health education methods and materials. In addition, the elementary teacher usually is sensitive to normal variations in child development and aptitudes within a class. In the secondary grades, students generally have a different teacher for each subject. In

these grades, the secondary school health education teacher preferably should provide education about AIDS, because a qualified health education teacher will have training and experience in adolescent development, age-appropriate teaching methods, adolescent health, and secondary school health education methods and materials (including methods and materials for teaching about such topics as human sexuality, communicable diseases, and drug abuse). In secondary schools that do not have a qualified health education teacher, faculty with similar training and good rapport with students should be trained specifically to provide effective AIDS education.

### Purpose of Effective Education about AIDS

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who **have not** engaged in sexual intercourse and who **have not** used illicit drugs to continue to—

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Refrain from using or injecting illicit drugs.

For young people who **have** engaged in sexual intercourse or who **have** injected illicit drugs, school programs should enable and encourage them to—

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- To stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known;
- Using a latex condom with spermicide if they engage in sexual intercourse;
- Seeking treatment if addicted to illicit drugs;
- Not sharing needles or other injection equipment;
- Seeking HIV counseling and testing if HIV infection is suspected.

State and local education and health agencies should work together to assess the prevalence of these types of risk behavior, and their determinants, over time.



## Content

Although information about the biology of the AIDS virus, the signs and symptoms of AIDS, and the social and economic costs of the epidemic might be of interest, such information is not the essential knowledge that students must acquire in order to prevent becoming infected with HIV. Similarly, a single film, lecture, or school assembly about AIDS will not be sufficient to assure that students develop the complex understanding and skills they will need to avoid becoming infected.

Schools should assure that students receive at least the essential information about AIDS, as summarized in sequence in the following pages, for each of three grade-level ranges. The exact grades at which students receive this essential information should be determined locally, in accord with community and parental values, and thus may vary from community to community. Because essential information for students at higher grades requires an understanding of information essential for students at lower grades, secondary school personnel will need to assure that students understand basic concepts before teaching more advanced information. Schools simultaneously should assure that students have opportunities to learn about emotional and social factors that influence types of behavior associated with HIV transmission.

### Early Elementary School

Education about AIDS for students in early elementary grades principally should be designed to allay excessive fears of the epidemic and of becoming infected.

*AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.*

*AIDS is very hard to get. You cannot get it just by being near or touching someone who has it.*

*Scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.*

### Late Elementary/Middle School

Education about AIDS for students in late elementary/middle school grades should be designed with consideration for the following information.

*Viruses are living organisms too small to be seen by the unaided eye.*

*Viruses can be transmitted from an infected person to an uninfected person through various means.*

*Some viruses cause disease among people.*

*Persons who are infected with some viruses that cause disease may not have any signs or symptoms of disease.*

*AIDS (an abbreviation for acquired immunodeficiency syndrome) is caused by a virus that weakens the ability of infected individuals to fight off disease.*

*People who have AIDS often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, and certain other diseases that healthy people normally do not get.*

*About 1 to 1.5 million of the total population of approximately 240 million Americans currently are infected with the AIDS virus and consequently are capable of infecting others.*

*People who are infected with the AIDS virus live in every state in the United States and in most other countries of the world. Infected people live in cities as well as in suburbs, small towns, and rural areas. Although most infected people are adults, teenagers can also become infected. Females as well as males are infected. People of every race are infected, including whites, blacks, Hispanics, Native Americans, and Asian/Pacific Islanders.*

*The AIDS virus can be transmitted by sexual contact with an infected person; by using needles and other injection equipment that an infected person has used; and from an infected mother to her infant before or during birth.*

*A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.*

*It sometimes takes several years after becoming infected with the AIDS virus before symptoms of the disease appear. Thus, people who are infected with the virus can infect other people—even though the people who transmit the infection do not feel or look sick.*

*Most infected people who develop symptoms of AIDS only live about 2 years after their symptoms are diagnosed.*

*The AIDS virus cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.*

#### **Junior High/Senior High School**

Education about AIDS for students in junior high/senior high school grades should be developed and presented taking into consideration the following information.

*The virus that causes AIDS, and other health problems, is called human immuno-deficiency virus, or HIV.*

*The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual activities and by not using illegal intravenous drugs.*

*Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.*

*HIV may be transmitted in any of the following ways: a) by sexual contact with an infected person (penis/vagina, penis/rectum, mouth/vagina, mouth/penis, mouth/rectum); b) by using needles or other injection equipment that an infected person has used; c) from an infected mother to her infant before or during birth.*

*A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.*

*The following are at increased risk of having the virus that causes AIDS and consequently of being infectious: a) persons with clinical or laboratory evidence of*



*infection; b) males who have had sexual intercourse with other males; c) persons who have injected illegal drugs; d) persons who have had numerous sexual partners, including male or female prostitutes; e) persons who received blood clotting products before 1985; f) sex partners of infected persons or persons at increased risk; and g) infants born to infected mothers.*

*The risk of becoming infected is increased by having a sexual partner who is at increased risk of having contracted the AIDS virus (as identified previously), practicing sexual behavior that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood), and using unsterile needles or paraphernalia to inject drugs.*

*Although no transmission from deep, open-mouth (i.e., "French") kissing has been documented, such kissing theoretically could transmit HIV from an infected to an uninfected person through direct exposure of mucous membranes to infected blood or saliva.*

*In the past, medical use of blood, such as transfusing blood and treating hemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the risk of becoming infected with HIV from blood transfusions and from blood clotting products is virtually eliminated. Cases of HIV infection caused by these medical uses of blood will continue to be diagnosed, however, among people who were infected by these means before 1985.*

*Persons who continue to engage in sexual intercourse with persons who are at increased risk or whose infection status is unknown should use a latex condom (not natural membrane) to reduce the likelihood of becoming infected. The latex condom must be applied properly and used from start to finish for every sexual act. Although a latex condom does not provide 100% protection—because it is possible for the condom to leak, break, or slip off—it provides the best protection for people who do not maintain a mutually monogamous relationship with an uninfected partner. Additional protection may be obtained by using spermicides that seem active against HIV and other sexually transmitted organisms in conjunction with condoms.*

*Behavior that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause Chlamydia infection, gonorrhea, herpes, human papillomavirus, and syphilis.*

*Persons who believe they may be infected with the AIDS virus should take precautions not to infect others and to seek counseling and antibody testing to determine whether they are infected. If persons are **not** infected, counseling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection. If persons **are** infected, they should: a) take precautions to protect sexual partners from becoming infected; b) advise previous and current sexual or drug-use partners to receive counseling and testing; c) take precautions against becoming pregnant; and d) seek medical care*

and counseling about other medical problems that may result from a weakened immunologic system.

*More detailed information about AIDS, including information about how to obtain counseling and testing for HIV, can be obtained by telephoning the AIDS National Hotline (toll free) at 800-342-2437; the Sexually Transmitted Diseases National Hotline (toll free) at 800-227-8922; or the appropriate state or local health department (the telephone number of which can be obtained by calling the local information operator).*

## Curriculum Time and Resources

Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available. In addition, it is crucial that sufficient classroom time be provided at each grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

## Program Assessment

The criteria recommended in the foregoing "Guidelines for Effective School Health Education To Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below. Personnel in state departments of education and health also can use these criteria to monitor the extent to which schools in the state are providing effective health education about AIDS.

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?
2. To what extent is the program included as an important part of a more comprehensive school health education program?
3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?
7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS?

8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

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## Appendix I

### The President's Domestic Policy Council's Principles for AIDS Education

The following principles were proposed by the Domestic Policy Council and approved by the President in 1987:

Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive Federal effort in AIDS education.

The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.

The Federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating a specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.

Any health information developed by the Federal Government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.

Any health information provided by the Federal Government that might be used in schools should teach that children should not engage in sex and should be used with the consent and involvement of parents.

## Appendix II

### The Extent of AIDS and Indicators of Adolescent Risk

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Although in 1985, fewer than 60% of AIDS cases in the United States were reported among persons residing outside New York City and San Francisco, by 1991 more than 80% of the cases will be reported from other localities (1).

It has been estimated that from 1 to 1.5 million persons in the United States are infected with HIV (1), and, because there is no cure, infected persons are potentially capable of infecting others indefinitely. It has been predicted that 20%-30% of individuals currently infected will develop AIDS by the end of 1991 (1). Fifty percent of those diagnosed as having AIDS have not survived for more than about 1.5 years beyond diagnosis, and only about 12% have survived for more than 3 years (2).

By the end of 1987, about 50,000 persons in the United States had been diagnosed as having AIDS, and about 28,000 had died from the disease (2). Blacks and Hispanics,

who make up about 12% and 6% of the U.S. population, respectively, disproportionately have contracted 25% and 14% of all reported AIDS cases (3). It has been estimated that during 1991, 74,000 cases of AIDS will be diagnosed, and 54,000 persons will die from the disease. By the end of that year, the total number of deaths caused by AIDS will be about 179,000 (1). In addition, health care and supportive services for the 145,000 persons projected to be living with AIDS in that year will cost our Nation an estimated \$8-\$10 billion in 1991 alone (1). The World Health Organization projects that by 1991, 50-100 million persons may be infected worldwide (4). The magnitude and seriousness of this epidemic requires a systematic and concerted response from almost every institution in our society.

A vaccine to prevent transmission of the virus is not expected to be developed before the next decade, and its use would not affect the number of persons already infected by that time. A safe and effective antiviral agent to treat those infected is not expected to be available for general use within the next several years. The Centers for Disease Control (5), the National Academy of Sciences (6), the Surgeon General of the United States (7), and the U.S. Department of Education (8) have noted that in the absence of a vaccine or therapy, educating individuals about actions they can take to protect themselves from becoming infected is the most effective means available for controlling the epidemic. Because the virus is transmitted almost exclusively as a result of behavior individuals can modify (e.g., by having sexual contact with an infected person or by sharing intravenous drug paraphernalia with an infected person), educational programs designed to influence relevant types of behavior can be effective in controlling the epidemic.

A significant number of teenagers engage in behavior that increases their risk of becoming infected with HIV. The percentage of metropolitan teenage girls who had ever had sexual intercourse increased from 30%-45% between 1971 and 1982. The average age at first intercourse for females remained at approximately 16.2 years between 1971 and 1979 (9). The average proportion of never-married teenagers who have ever had intercourse increases with age from 14 through 19 years. In 1982, the percentage of never-married girls who reported having engaged in sexual intercourse was as follows: approximately 6% among 14-year-olds (10), 18% among 15-year-olds, 29% among 16-year-olds, 40% among 17-year-olds, 54% among 18-year-olds, and 66% among 19-year-olds (11). Among never-married boys living in metropolitan areas, the percentage who reported having engaged in sexual intercourse was as follows: 24% among 14-year-olds, 35% among 15-year-olds, 45% among 16-year-olds, 56% among 17-year-olds, 66% among 18-year-olds, and 78% among 19-year-olds (9,12). Rates of sexual experience (e.g., percentage having had intercourse) are higher for black teenagers than for white teenagers at every age and for both sexes (11,12).

Male homosexual intercourse is an important risk factor for HIV infection. In one survey conducted in 1973, 5% of 13- to 15-year-old boys and 17% of 16- to 19-year-old boys reported having had at least one homosexual experience. Of those who reported having had such an experience, most (56%) indicated that the first homosexual experience had occurred when they were 11 or 12 years old. Two percent reported that they currently engaged in homosexual activity (13).

Another indicator of high-risk behavior among teenagers is the number of cases of sexually transmitted diseases they contract. Approximately 2.5 million teenagers are affected with a sexually transmitted disease each year (14).



Some teenagers also are at risk of becoming infected with HIV through illicit intravenous drug use. Findings from a national survey conducted in 1986 of nearly 130 high schools indicated that although overall illicit drug use seems to be declining slowly among high school seniors, about 1% of seniors reported having used heroin and 13% reported having used cocaine within the previous year (15). The number of seniors who injected each of these drugs is not known.

Only 1% of all the persons diagnosed as having AIDS have been under age 20 (2); most persons in this group had been infected by transfusion or perinatal transmission. However, about 21% of all the persons diagnosed as having AIDS have been 20-29 years of age. Given the long incubation period between HIV infection and symptoms that lead to AIDS diagnosis (3 to 5 years or more), some fraction of those in the 20- to 29-year-age group diagnosed as having AIDS were probably infected while they were still teenagers.

Among military recruits screened in the period October 1985-December 1986, the HIV seroprevalence rate for persons 17-20 years of age (0.6/1,000) was about half the rate for recruits in all age groups (1.5/1,000) (16). These data have led some to conclude that teenagers and young adults have an appreciable risk of infection and that the risk may be relatively constant and cumulative (17).

Reducing the risk of HIV infection among teenagers is important not only for their well-being but also for the children they might produce. The birth rate for U.S. teenagers is among the highest in the developed world (18); in 1984, this group accounted for more than 1 million pregnancies. During that year the rate of pregnancy among sexually active teenage girls 15-19 years of age was 233/1,000 girls (19).

Although teenagers are at risk of becoming infected with and transmitting the AIDS virus as they become sexually active, studies have shown that they do not believe they are likely to become infected (20,21). Indeed, a random sample of 860 teenagers (ages 16-19) in Massachusetts revealed that, although 70% reported they were sexually active (having sexual intercourse or other sexual contact), only 15% of this group reported changing their sexual behavior because of concern about contracting AIDS. Only 20% of those who changed their behavior selected effective methods such as abstinence or use of condoms (20). Most teenagers indicated that they want more information about AIDS (20,21).

Most adult Americans recognize the early age at which youth need to be advised about how to protect themselves from becoming infected with HIV and recognize that the schools can play an important role in providing such education. When asked in a November 1986 nationwide poll whether children should be taught about AIDS in school, 83% of Americans agreed, 10% disagreed, and 7% were not sure (22). According to information gathered by the United States Conference of Mayors in December of 1986, 40 of the Nation's 73 largest school districts were providing education about AIDS, and 24 more were planning such education (23). Of the districts that offered AIDS education, 63% provided it in 7th grade, 60% provided it in 9th grade, and 90% provided it in 10th grade. Ninety-eight percent provided medical facts about AIDS, 78% mentioned abstinence as a means of avoiding infection, and 70% addressed the issues of avoiding high-risk sexual activities, selecting sexual partners, and using condoms. Data collected by the National Association of State Boards of Education in the summer of 1987 indicated that a) 15 states had mandated comprehensive school health education; eight had mandated AIDS education; b) 12 had legislation pending on AIDS education, and six had state board of education



actions pending; c) 17 had developed curricula for AIDS education, and seven more were developing such materials; and d) 40 had developed policies on admitting students with AIDS to school (24).

The Nation's system of public and private schools has a strategic role to play in assuring that young people understand the nature of the epidemic they face and the specific actions they can take to protect themselves from becoming infected—especially during their adolescence and young adulthood. In 1984, 98% of 14 and 15 year-olds, 92% of 16 and 17 year-olds, and 50% of 18 and 19 year-olds were in school (25). In that same year, about 615,000 14- to 17-year-olds and 1.1 million 18- to 19-year-olds were not enrolled in school and had not completed high school (26).

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DEPARTMENT OF  
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Public Health Service  
Centers for Disease Control  
Atlanta, GA 30333

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Missouri Department of

HEALTH

John Ashcroft  
GovernorRobert Harmon, M.D.  
Director

P.O. Box 570, Jefferson City, MO 65102 • 314 / 751-6400

June 1, 1988

The Honorable John Glenn, Chairman  
United States Senate  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Attention: Lorraine Lewis

Dear Senator Glenn:

Missouri established its first literature review panel in April 1986. Currently this panel has been divided into two units, one to review films and videos and the other to review written material. Each panel consists of five members drawn from educators, medical professionals, clergy, minority populations and persons at risk. Each member is chosen by the Department of Health (DOH).

To date no materials submitted to the panels for review have been disapproved. The DOH policy relating to AIDS educational materials is virtually the same as the federal requirements and this requirement is included in the agreements and contracts entered into by the DOH. The DOH does not provide literature guidelines to AIDS service groups or community based organizations that are not contractors.

To date these federal requirements have not adversely affected the ability of Missouri organizations to provide appropriate and accurate AIDS educational information.

Sincerely,

Robert G. Harmon, M.D., M.P.H.  
Director

RGH/TDN:lk

## DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES



TED SCHWINDEN, GOVERNOR

COGSWELL BUILDING

STATE OF MONTANA

HELENA, MONTANA 59620

May 18, 1988

Senator John Glenn, Chairman  
Committee on Governmental Affairs  
United States Senate  
Washington, D.C. 20510-6250

**Dear Senator Glenn:**

The following information is provided to you in response to your May 10, 1988 letter:

1. The Montana AIDS Program first established the AIDS Program Review Panel in April 1986. This panel is the only review panel used by the MDHES AIDS Program. The panel currently has seven members, but is being expanded to nine through the addition of two minority population representatives (i.e. Hispanic and American Indian). The current panel members and their representation is provided as attachment A.
2. The Review Panel as a whole has not disapproved any materials submitted to them for review to date. Public Law 100-202 Section 514 has been distributed to Panel members and the role of the Panel has been reviewed.
3. Guidelines for content of AIDS educational materials are taken directly from CDC grant application and guidance materials. The Panel reviews only those materials being produced with federal funds. Community-based organizations that produce materials with private funds are not required to have the Panel review the materials.
4. Public Law 100-202 has not had an effect on the ability of the MDHES AIDS Program to provide accurate, explicit and culturally sensitive information to reduce the risk of becoming infected with HIV. The educational messages provided by the Program do not promote homosexual sexual activities or use of illegal intravenous drugs. The MDHES AIDS Program is aware that particular risky lifestyle behaviors exist, and provides health education/risk reduction information about behavioral risks.

I hope this information fully addresses your concerns.

Sincerely,

John J. Deegan, M.D.

John J. Drynan, M.D.  
Director

RC/JJD/vg-39c  
Attachment

Attachment A.

## DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES



TED SCHWIDEN, GOVERNOR

COGSWELL BUILDING

STATE OF MONTANA

HELENA, MONTANA 59620

April 14, 1986

TO: Grants Management, Centers for Disease Control

FROM: Robert W. Moon, M.P.H.

SUBJECT: AIDS Program Review Panel

The following panel members have agreed to approve all written materials, pictorials, audiovisuals, questionnaires, survey instruments, and proposed educational session activities to be used under the project plan:

- 1) Sidney C. Pratt, M.D.  
Chief, Clinical Programs  
Montana Department of Health and Environmental Sciences  
Helena, Montana
- 2) Reverend Robert Holmes, Pastor  
St. Paul's United Methodist Church  
Helena, Montana
- 3) Charles Cannaliato  
Out-In-Montana, Aids Task Force Member  
Missoula, Montana
- 4) Alexander W. McNeill, PhD  
Head, Department of Health, Physical Education, & Recreation  
Montana State University  
Bozeman, Montana
- 5) Ellen Leahy, RN, MN  
Health Education Program Manager  
Missoula City-County Health Department  
Missoula, Montana
- 6) Mary Beth Fridares, R.N.  
Lewis & Clark County Health Department  
Helena, Montana
- 7) Spencer Sartorius, MS.  
Health & Physical Education Specialist  
Office of Public Instruction  
Helena, Montana

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# STATE OF NEBRASKA

## DEPARTMENT OF HEALTH

KAY A. ORR  
GOVERNOR

GREGG F. WRIGHT, M.D., M.Ed.  
DIRECTOR

June 6, 1988

Senator John Glenn, Chairman  
Committee on Governmental Affairs  
United States Senate  
Washington, D.C. 20510-6250

Dear Senator Glenn:

As requested in your letter dated May 10, 1988, I am responding to your four questions with information about AIDS education activities funded by the federal government.

1. The first Nebraska AIDS Review Panel was established in the fall of 1986. The members were selected by the Director of the Nebraska Department of Health. They were chosen to represent the state at large as well as community based organizations. The panel is comprised of five committee members: a physician's assistant, a public school educator, a member of a gay/lesbian coalition, a hispanic professor and an infection control nurse. Currently changes in the panel are made by the chairman of the AIDS Technical Advisory Committee and the Director of the Nebraska Department of Health.
2. The AIDS Review Panel has disapproved and restricted use of some written materials and audiovisual materials that they have previewed since 1986. None of the articles disapproved or restricted were a result of the restrictions imposed by Public Law 100-202.
3. The AIDS Review Panel's objective is to review materials designated by the Nebraska Department of Health's AIDS Program for use in educating the residents of Nebraska. Materials needed to educate individuals at high risk (i.e. drug abusers and male homosexuals) or individuals potentially at high risk about AIDS may conflict with the conservative sensibilities of Nebraska residents. It is the responsibility of the AIDS Review Panel to determine which materials are suitable for use by the Nebraska Department of Health. In some cases materials are restricted to particular age groups or individuals at high risk.
4. As mentioned above, at this time Public Law 100-202 has not affected the ability of the state or local governments. The panel has not reviewed materials since this law went into effect that would be excluded under this law. However, it is the intention of the Nebraska

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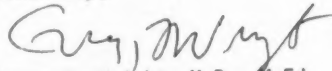
Senator John Glenn  
Page 2  
June 6, 1988

Department of Health to target specific education campaigns to individuals who have been designated high risk individuals and the general public. As one might assume, the content of this education program will be controversial by the very nature of those affected. This law will affect the ability of the state and local governments and community-based organizations to provide accurate effective information. Topics which must be addressed to promote the health of Nebraska residents need to include practices of IV drug abusers and male homosexuals.

The AIDS Review Panel has insured that educational materials produced and used by the Nebraska Department of Health will not unduly offend Nebraska residents' sensibilities.

We hope you find this information helpful.

Sincerely,



Gregg F. Wright, M.D., M.Ed.  
Director of Health

GFW/SEF:md

RICHARD H. BRYAN  
Governor

JERRY GRIFFENTRUG  
Director

STATE OF NEVADA



LAWRENCE P. MATHEIS  
Administrator

JOSEPH G. JARVIS, M.D., MSPH  
Health Officer

DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

505 East King Street, Room 200

Carson City, Nevada 89710

(702) 885-4800

Community Health Services

May 25, 1988

Senator John Glenn  
United States Senate  
Committee on Governmental Affairs  
Washington, D.C. 20510-6250

Dear Senator Glenn:

We are in receipt of your letter. The following responds to your questions on AIDS educational activities in Nevada.

1. The Nevada AIDS Review Panel was established in March of 1987. It remains the singular reviewing group for the general public of Nevada and has met our needs in the past. The original panel of six individuals has doubled to twelve. They are: a dentist, a pediatrician/virologist, a teacher, a member of the clergy from a nonprofit organization, a professor from the University of Nevada Reno, a counselor from the Bureau of Alcohol and Drug Abuse, and members of the Washoe County Health Division (Reno). There is no formal procedure for choosing members to the panel. In the past we have approached those from the above backgrounds who have shown interest in the AIDS epidemic, and ask for their participation.
2. The review panel has evaluated forty pamphlets/videos or resources. From these they have rejected seven (1 video, 6 pamphlets). The common reasons for rejection were poor quality of the materials or that they duplicated prior approved materials.
3. There is no written requirement or protocols that speak to the content of materials available to the general public. However, Nevada has passed Assembly Bill 552 amending NRS 389.065 which mandates the education of grades kindergarten through 12 for sex education and AIDS (enclosure).
4. In the state of Nevada, a very conservative population, the materials used were appropriate to the requirements of Public Law 100-202. In the future, the Nevada review panel will be reviewing and maintaining the standards already in place. We will adopt written standards which reflect its decisions.

I hope this is helpful to your committee. If I can be of any further help to you, feel free to contact me.

Sincerely,

Sandra Ziegler, B.S.N.  
AIDS Coordinator  
Nevada State Health Division

Encl.

(REPRINTED WITH ADOPTED AMENDMENTS)  
EIGHTH REPRINT

A.B. 552

ASSEMBLY BILL NO. 552--COMMITTEE ON EDUCATION

APRIL 8, 1987

Referred to Concurrent Committees on Education and  
Ways and Means

SUMMARY--Requires each county school district to establish course of instruction for pupils in public schools concerning acquired immune deficiency syndrome and human reproductive system. (BDR 34-1994)

FISCAL NOTE: Effect on Local Government: Yes.  
Effect on the State or on Industrial Insurance: Contains Appropriation.

EXPLANATION--Matter in *italics* is new; matter in brackets [ ] is material to be omitted.

AN ACT relating to education; requiring each county school district to establish a course of instruction for pupils in public schools concerning acquired immune deficiency syndrome and the human reproductive system; requiring a notice of the course to a parent or guardian and a form for consent to be included in the registration material for each pupil; requiring the state board of education to present certain information to the next session of the legislature; and providing other matters properly relating thereto.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE  
AND ASSEMBLY, DO ENACT AS FOLLOWS:

- 1 Section 1. NRS 389.065 is hereby amended to read as follows:
- 2 389.065 1. The board of trustees of a school district [may] shall
- 3 establish a course or unit of a course of [instruction] :
- 4 (a) *Factual instruction concerning acquired immune deficiency syndrome;*
- 5 *and*
- 6 (b) *Instruction on the human reproductive system, related communicable*
- 7 *diseases and sexual responsibility.*
- 8 2. [If a school board establishes such a course, it] *Each board of trustees*
- 9 shall appoint an advisory committee consisting of:

- 2 -

- 1 (a) [Four] Five parents of children who attend schools in the district; and  
2 (b) [Three] Four representatives, one from each of [three] four of the  
3 following professions or occupations:  
4 (1) Medicine or nursing;  
5 (2) Counseling;  
6 (3) Religion; [or]  
7 (4) Pupils who attend schools in the district [.]; or  
8 (5) Teaching.
- 9 This committee shall advise the district concerning the content of and  
10 materials to be used in [the] a course of instruction [,] established pursuant  
11 to this section, and the recommended ages of the pupils to whom the course  
12 is offered. The final decision on these matters must be that of the board of  
13 trustees.
- 14 3. The subjects of the [course] courses may be taught only by a teacher  
15 or school nurse whose qualifications have been previously approved by the  
16 board of trustees.
- 17 4. The parent or guardian of each pupil to whom [the] a course is  
18 offered must first be furnished written notice that the course will be offered.  
19 The notice must be given in the usual manner used by the local district to  
20 transmit written material to parents, and must contain a form for the  
21 signature of the parent or guardian of the pupil consenting to his attendance.  
22 Upon receipt of the written consent of the parent or guardian, the pupil may  
23 attend the course . [; otherwise] If the written consent of the parent or  
24 guardian is not received, he must be excused from such attendance without  
25 any penalty as to credits or academic standing. Any course offered pursuant  
26 to this section is not a requirement for graduation.
- 27 5. All instructional materials to be used in [the] a course must be  
28 available for inspection by parents or guardians of pupils at reasonable times  
29 and locations [prior to the conduct of the course.] before the course is  
30 taught, and appropriate written notice of the availability of the material must  
31 be furnished to all parents and guardians.
- 32 Sec. 2. 1. The state board of education shall collect and compile the  
33 material and statistics developed by each school district for the instruction  
34 concerning acquired immune deficiency syndrome and shall report this  
35 information to the 65th session of the Nevada legislature.
- 36 2. Each school district shall begin offering the instruction required by  
37 this act on or before the first day of the 1987-1988 school year.
- 38 Sec. 3. This act becomes effective upon passage and approval.



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES

M. Mary Mongan  
Commissioner

William T. Wallace, Jr., M.D., M.P.H.  
Director  
Division of Public Health Services

June 29, 1988

Health & Welfare Bldg.  
6 Hazen Drive  
Concord, NH 03301-6527  
Tel. (603) 271-

4501

Senator John Glenn  
Chairman, U.S. Senate Committee  
on Governmental Affairs  
Washington, DC 20510-6250

Dear Senator Glenn:

This letter is in response to your correspondence dated May 10, 1988 requesting information about AIDS education activities in New Hampshire funded by the federal government. I am aware that it is too late for your June 10th hearing and I apologize for the delay I am sending it along anyway so that your file of states may be more complete. The New Hampshire Division of Public Health Services has received federal funding from the Centers for Disease Control for AIDS prevention activities since 1985. In answer to your questions:

1. As required by the Centers for Disease Control, the New Hampshire Division of Public Health Services' Bureau of Disease Control established in 1986 an AIDS Program Review Panel to review the contents of proposed AIDS educational materials. This panel continues to meet to approval all AIDS educational materials purchased and/or developed with federal monies. This is the only panel of its nature currently in existence in New Hampshire.

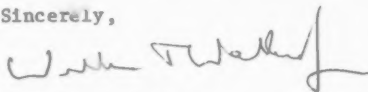
The present review panel consists of an attorney, a Roman Catholic priest, a psychologist, a parent, an infectious disease physician, a past president of the New Hampshire Parent Teachers Association, and a Black professional person. We are currently seeking a representative from New Hampshire's Hispanic community to sit on the panel. In the event that it is necessary to replace members of the review panel, it is left up to the discretion of the AIDS Program Coordinator to solicit new members. Replacing members of the review panel is often difficult since it is voluntary and somewhat time-consuming, particularly when it is necessary to convene the group to review audiovisual materials.



Senator Glen  
Page 2  
June 29, 1988

2. The Review Panel has not met since Public Law 100-202 became effective on April 30, 1988. All AIDS educational materials produced with federal funds must comply with the attached guidelines entitled "Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational sessions in Centers for Disease Control Assistance Programs (January 1988)".
3. Any AIDS educational materials produced by the New Hampshire Division of Public Health Services, regardless of whether funded with state or federal monies, must also comply with the intent of RSA 141:F (copy attached). It specifically states: "Any materials, courses and programs distributed, developed or provided by the division shall stress that abstinence or a monogamous relationship and avoiding drugs are the most effective ways to prevent contracting the human immunodeficiency virus".
4. Public Law 100-202 has affected the ability of state and local government and community-based organizations, which receive federal funds, to provide accurate explicit and culturally sensitive information on reducing the risk of HIV infection. Some of the agencies receiving funding question the interpretation of the law. Specifically they ask how one makes a decision as to what materials and activities promote homosexuality or IV drug use as opposed to accepting its presence in Society and needing to deal with it. As a result of these questions and the fear of being noncompliant with the law, agencies and individuals are somewhat fearful to act. Nevertheless, we in New Hampshire are supportive of the intent of PL 100-202 and strive to assure that whatever materials or activities utilized are reflective of the State's standards and values. We believe a balance can be struck which gets the message across without condoning a particular lifestyle.

Sincerely,



William T. Wallace, Jr., M.D., M.P.H.  
Director

FES:rb

Attachment

7789r



## Chapter 262

HB 1162-FW-A

STATE OF NEW HAMPSHIRE

0035L  
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 01  
 1335L 2671L  
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In the year of Our Lord one thousand  
 nine hundred and eighty-eight

## AN ACT

relative to AIDS education, prevention and control  
 and making an appropriation therefor and relative to testing  
 for the AIDS virus for insurance purposes.

Be it Enacted by the Senate and House of Represen-  
 tatives in General Court convened:

## 262:1 Policy.

I. The general court finds that the threat to the public from the human immunodeficiency virus and its variants, the causative agent of acquired immune deficiency syndrome (AIDS), AIDS related conditions (ARC), and other clinical manifestations of human immunodeficiency virus can be avoided by an educated and socially responsible citizenry. The general court further recognizes that early identification and diagnosis of the human immunodeficiency virus and its variants is crucial to appropriate and timely medical intervention, counseling, and to retarding the spread of the virus.

II. Any materials, courses and programs distributed, developed, or provided by the division shall stress that abstinence or a monogamous relationship and avoiding drugs are the most effective ways to prevent contracting the human immunodeficiency virus.

III. The general court declares that the policy of this state shall be to protect its citizens to the fullest extent possible in a manner consistent with the rights of the individual. The general court intends to

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address these problems in a manner consistent with its state policy by implementing the following procedures:

(a) To identify and provide at the earliest possible time the resources needed to minimize and control the spread of the human immunodeficiency virus; and

(b) To coordinate the educational and detection efforts of the state through the division of public health services, department of health and human services and the department of education.



(2a)

262:2 New Chapter; Human Immunodeficiency Virus. Amend RSA by inserting after chapter 141-E the following new chapter:

CHAPTER 141-F

HUMAN IMMUNODEFICIENCY VIRUS EDUCATION, PREVENTION, AND CONTROL

141-F:1 Statement of Purpose. It is the purpose of this chapter to designate the division of public health services, department of health and human services, as the state agency responsible for preparing information on the transmission and prevention of the human immunodeficiency virus. It is also the purpose of this chapter to require the division of public health services to provide testing for the human immunodeficiency virus, to assure the quality of similar testing by other laboratories in the state, and to carry out epidemiological analysis and follow-up. Finally, it is the purpose of this chapter to protect individuals from unauthorized disclosure of human immunodeficiency virus test results.

141-F:2 Definitions. In this chapter:

I. "Antibody" means a protein produced by the body in response to specific foreign substances such as bacteria or viruses.

II. "Antigen" means a substance that stimulates the production of antibodies.

III. "Director" means the director, division of public health services or his designee.

IV. "Division" means the division of public health services,

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1 department of health and human services.

2 V. "Human immunodeficiency virus" means the virus, or its variants,  
3 which are the causative agents of acquired immune deficiency syndrome  
4 (AIDS), AIDS related conditions, and other clinical manifestations.

5 VI. "Serologic positive" means the presence in an individual, as  
6 detected by laboratory testing, of an antibody or antigen to the human  
7 immunodeficiency virus.

8 141-F:3 Powers and Duties of the Division. The division shall:

9 I. Provide information and guidance to the department of education  
10 for their development of courses and programs relative to the human  
11 immunodeficiency virus which meet the requirements of RSA 186:11, IX and  
12 XXVII.

13 II. Develop training courses and materials on the human  
14 immunodeficiency virus and related issues, for police, fire, and emergency  
15 medical services personnel and provide assistance on the development and  
16 implementation of such courses and materials to the relevant state and  
17 local agencies.

18 III. Distribute informational materials on the human  
19 immunodeficiency virus to health care providers, health care institutions,  
20 local health and social service agencies, local units of government, and,  
21 upon request, to other public and private agencies and organizations.

22 IV. Provide information to persons at high risk of acquiring the  
23 human immunodeficiency virus.

24 V. Provide assistance to government agencies, school districts,  
25 health care institutions, businesses, and industries to establish policies  
and practices for coping with the human immunodeficiency virus.

32.

VI. Disseminate information to the general public, using print and broadcast media, on the human immunodeficiency virus, its causes and effects, and on methods of prevention and control.

VII. Conduct training sessions and workshops, upon request, for educators, physicians, and the staff and volunteers of hospitals and other

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health care agencies, licensed under RSA 151, on the human immunodeficiency virus, methods of prevention and control, methods for pre-test and post-test counseling for infected persons and their families, and management of medical care and treatment of infected persons.

VIII. Within the limits of appropriated funds, augment community efforts by providing, directly or by contract, with local health or social service agencies or with any other relevant agency or organization, services relating to the human immunodeficiency virus.

IX. Provide laboratory testing services in accordance with RSA 141-F:6 to detect the presence of the human immunodeficiency virus in samples submitted by health care providers.

X. Certify facilities in accordance with RSA 141-F:6 who offer or otherwise make available laboratory testing services to detect the presence of the human immunodeficiency virus.

XI. Conduct follow-up investigations in accordance with RSA 141-F:9.

XII. Apply for, receive, and expend funds made available to the state by the federal government or other sources and use such funds to carry out the provisions of this chapter.

XIII. Provide an informational brochure relative to the human immunodeficiency virus to persons applying for a marriage license and make such brochure available to town and city clerks for distribution under RSA 457:23, II.



13        141-F:4 Rulemaking. The director shall adopt rules under RSA 541-A  
14 relative to:

15            I. Procedures for testing blood samples under RSA 141-F:5, I.

16            II. Procedures for testing body parts, tissues, or fluids under  
17 RSA 141-F:5, II.

18            III. Procedures for confidentially testing body parts, tissues, or  
19 fluids under RSA 141-F:5, III.

20            IV. Procedures for conducting tests under RSA 141-F:5, IV.

21            V. Procedures for certification under RSA 141-F:6, II.

22        141-F:5 Informed Consent for Testing; Exceptions. Except as provided  
23 in this section, no physician or advanced registered nurse practitioner  
24 licensed or registered to practice in this state, no employee of a health  
25 care facility licensed under RSA 151, whether paid or unpaid, and no

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1 employee of a blood bank, blood center, plasma center, or agency which  
2 receives blood donations, whether paid or unpaid, may test for the presence  
3 of an antibody or antigen to a human immunodeficiency virus unless the  
4 person being tested consents after being informed about the medical  
5 interpretations of positive and negative test findings and the applicable  
6 provisions of RSA 141-F:7 and 141-F:8. Testing without consent may occur  
7 in the following situations:

8 I. Any blood bank, blood center, plasma center, or agency which  
9 purchases or receives donated whole blood, blood plasma, a blood product,  
10 or a blood derivative shall, prior to its distribution or use, subject such  
11 blood to a test which conforms to rules adopted by the director under  
12 RSA 141-F:4.

13 II. A physician or advanced registered nurse practitioner licensed  
14 or registered to practice in this state who procures, processes,  
15 distributes, or uses a human body part, tissue, or fluid donated under  
16 RSA 291-A may, without obtaining consent to the testing, test for the  
17 presence of an antibody or antigen to the human immunodeficiency virus, in  
18 accordance with rules adopted by the director under RSA 141-F:4 in order to  
19 assure medical acceptability of the gift for the purpose intended.

20 III. A health care facility engaged in medical research may, without  
21 first obtaining consent to the testing, subject any body parts, fluids, or  
22 tissues to a test for the presence of an antibody or antigen to a human  
23 immunodeficiency virus in accordance with rules adopted by the director  
24 under RSA 141-F:4 if the testing is performed in a manner by which the  
25 identity of the test subject is not known and may not be retrieved by the

1 researcher.

2 IV. Individuals convicted and confined to a correctional facility  
3 pursuant to the order of a court, or committed to New Hampshire hospital,  
4 may be tested without obtaining written consent to the testing, when the  
5 results of such tests are necessary for the placement and management of  
6 such individuals in the facility, pursuant to the written policies and  
7 procedures of the chief administrator of the facility.

8 V. A physician licensed to practice in this state, or a person  
9 authorized by the physician, may, without obtaining consent to the testing,  
10 test for the presence of an antibody or antigen to a human immunodeficiency  
11 virus when the person being tested is incapable of giving informed consent  
12 and when a test for the presence of an antibody or antigen to a human  
13 immunodeficiency virus is immediately necessary to protect the health of  
14 the person.

15 141-F:6 Testing; Certification.

16 I. The division shall offer laboratory testing, in accordance with  
17 RSA 131, for the presence or absence of antibodies or antigens of the human  
18 immunodeficiency virus. Each sample for testing shall be submitted with a  
19 statement signed by a physician, or by a person authorized by a physician  
20 to sign, attesting that the person has consented to the test in accordance  
21 with RSA 141-F:5.

22 II. All other laboratories, public or private, which test human  
23 blood or any other business or organization, public or private, which tests  
24 human blood, tissue, or other samples as part of its operations may offer  
25 to test samples for the presence or absence of antibodies or antigens of

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1 the human immunodeficiency virus if such laboratories are annually  
2 certified by the division. The director shall adopt rules under RSA  
3 141-F:4 relative to the certification process. Such laboratories shall  
4 require that any sample for testing be submitted with a written statement  
5 signed by a physician, or a person authorized by a physician to sign,  
6 attesting that such person has given informed consent as required under RSA  
7 141-F:5. Certification under this paragraph shall be in addition to any  
8 other certification, registration, or licensure required for such  
9 laboratories under state law.

10 141-F:7 Reporting of Test Results.

11 I. Except as provided in this section, test results of samples  
12 submitted for laboratory analysis under RSA 141-F:6 shall not be disclosed  
13 to any person or agency except:

14 (a) The physician ordering the test or the person authorized by  
15 the physician; and

16 (b) The director, in accordance with RSA 141-C:7.

17 II. Test results shall be disclosed by the physician or the person  
18 authorized by the physician to the person who was tested. Such person  
19 shall be provided with appropriate counseling at the time of notification.

20 III. If the person with a serologic positive test result is less  
21 than 18 years of age or is mentally incapable of understanding the  
22 ramifications of a positive test result, the physician or the person  
23 authorized by the physician may disclose the test results to a parent or  
24 legal guardian. In such cases, the parent or legal guardian shall be  
25 entitled to appropriate counseling.

1 IV. If the person with a serologic positive test is confined to a  
2 facility pursuant to an order of a court, or committed to a mental health  
3 facility, the results of the tests shall be disclosed by the physician or  
4 the person authorized by the physician to the medical director or chief  
5 medical officer of such facility. The medical director or chief medical  
6 officer of the facility shall provide to the administrator in charge of the  
7 facility whatever medical data is necessary to properly assign, treat, or  
8 manage the affected individual. The administrator may disclose this  
9 information only to those individuals who require such information to  
10 properly assign, treat, or manage the affected individual.

11 141-F:8 Confidentiality; Release of Information.

12 I. The identity of a person tested for the human immunodeficiency  
13 virus shall not be disclosed except as provided in RSA 141-F:7 and  
14 RSA 141-F:8, III and IV.

15 II. All records and any other information pertaining to a person's  
16 testing for the human immunodeficiency virus shall be maintained by the  
17 division, health care provider, health or social service agency,  
18 organization, business, school, or any other entity, public or private, as  
19 confidential and protected from inadvertent or unwarranted intrusion. Such  
20 information obtained by subpoena or any other method of discovery shall not  
21 be released or made public outside of the proceedings.

22 III. Notwithstanding RSA 141-C:10 and paragraph I of this section,  
23 the identity of a person tested for the human immunodeficiency virus may be  
24 disclosed in response to a written request if such person has given written  
25 authorization for such disclosure. Such written request shall state the

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1 reasons for the request and shall contain only the identity of the infected  
2 person.

3 IV. Notwithstanding RSA 141-C:10 and paragraph I of this section, a  
4 physician licensed to practice in this state or other health care provider  
5 may disclose information pertaining to the identity and test results of a  
6 person tested for a human immunodeficiency virus to other physicians and  
7 health care providers directly involved in the health care of the person  
8 when the disclosure of such information is necessary in order to protect  
9 the health of the person tested. Information thus disclosed shall be  
10 maintained as provided in paragraph II of this section.

11 141-F:9 Disease Control. The director or his designee shall conduct  
12 follow-up activities when reports of individuals found serologic positive  
13 are provided under RSA 141-C:7.

14 I. Such activities shall be conducted with due regard to the  
15 personal and property rights of the individual person and shall be limited  
16 to discovering the potential source of the infection and to identifying  
17 persons who may have been infected by such individual.

18 II. The director shall, if possible, do contact referral and shall  
19 encourage the individual person to notify any persons who may be or have  
20 been infected and urge such persons to undergo testing pursuant to the  
21 provisions of this chapter.

22 III. During the course of an investigation under this section, the  
23 director shall not disclose the identity of the individual found  
24 serologically positive.

25 141-F:10 Civil Liability. Any person who purposely violates



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1 RSA 141-F:7, I or RSA 141-F:8, I and thereby discloses the identity of a  
2 person infected by a human immunodeficiency virus shall be liable to such  
3 person for actual damages, court costs and attorneys' fees, plus a civil  
4 penalty of up to \$5,000 for such disclosure.

5 141-F:11 Penalty. Any person who purposely violates the provisions of  
6 RSA 141-F:5 - 141-F:8 or any rules adopted pursuant to them shall be guilty  
7 of a misdemeanor if a natural person, or guilty of a felony if any other  
8 person.

9 262:3 New Paragraph; Materials and Training. Amend RSA 151-B:4 by  
10 inserting after paragraph IV the following new paragraph:

11 V. The board shall offer the educational material and, as  
12 appropriate, training relative to the human immunodeficiency virus and  
13 related issues prepared and developed pursuant to RSA 141-F:3, II.

14 262:4 New Subparagraph; Materials and Training. Amend RSA 154-C:4, I by  
15 inserting after subparagraph (k) the following new subparagraph:

16 (1) Offer the educational material and, as appropriate, training  
17 relative to the human immunodeficiency virus and related issues prepared  
18 and developed pursuant to RSA 141-F:3, II.

19 262:5 New Paragraph; Materials and Training. Amend RSA 188-F:26 by  
20 inserting after paragraph VI the following new paragraph:

21 VI-a. Offer the educational material and, as appropriate, training  
22 relative to the human immunodeficiency virus and related issues prepared  
23 and developed pursuant to RSA 141-F:3, II.

24 262:6 Marriage License; Affidavit. Amend RSA 457:23 to read as follows:

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## 457:23 Requirements.

I. No marriage license shall be issued by any town or city clerk until the applicants have each provided for inspection the following documents:

[I.](a) Proof of age;

[II.](b) A copy of the final divorce decree, if either or both parties are divorced; and

[III.](c) A copy of the death record of spouse, if either or both parties are widowed.

II. In addition to the requirements under paragraph I, no marriage license shall be issued unless it includes an affidavit on the back which the bride and groom shall sign affirming that they have received and discussed the brochure prepared by the division of public health services, department of health and human services, under RSA 141-F:3, XIII. The affidavit required by this section shall state:

AFFIDAVIT

We acknowledge that we have received and discussed the brochure titled \_\_\_\_\_

\_\_\_\_\_  
Signature of Bride

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Groom

\_\_\_\_\_  
Date

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262:7 Duty Added. Amend RSA 184:11 by inserting after paragraph IX the following new paragraph:

IX-a. AIDS Educational Material.

(a) Develop and provide human immunodeficiency virus-related educational material to:

(1) all school boards pursuant to RSA 189:10 and

(2) private and public elementary, secondary, and post-secondary educational and vocational training institutions for the delivery of appropriate courses and programs.

(b) Evaluate AIDS information programs and course counseling activities, on a continuing basis, at private and public secondary and post-secondary educational and vocational educational institutions.

262:8 Positions Established. To carry out the purposes of this act, there are hereby established within the division of public health services, department of health and human services, and the department of education, the following permanent, full-time classified positions:

I. Within the division of public health services, department of health and human services, the following positions are established:

(a) A public health program chief;

(b) One sexually transmitted disease control investigator;

(c) A laboratory scientist III;

(d) A laboratory helper; and

(e) A statistical assistant.

14

II. Within the department of education the following positions are established:

(a) Two program supervisors; and

(b) A secretary typist II.

262:9 Appropriation. The sum of \$310,260 for the biennium ending June 30, 1989, is hereby appropriated to the division of public health services, department of health and human services, and the sum of \$132,156 for the biennium ending June 30, 1989, is hereby appropriated to the department of education, for the purposes of this act. These appropriations shall be nonlapsing. These appropriations shall be in addition to any other appropriations made to the division of public health services, department of health and human services, and to the department of education. The governor is authorized to draw his warrant for said sum out of any money in the treasury not otherwise appropriated.

262:10 New Paragraph; Unfair Insurance Trade Practice. Amend RSA 417:4 by inserting after paragraph XVIII the following new paragraph:

XIX. Human Immunodeficiency Virus. No person engaged in the business of insurance in this state shall test for the presence of an antibody or antigen to a human immunodeficiency virus other than in accordance with the provisions of this paragraph. Such persons shall not be subject to any provision of RSA 141-F.

(a) No person may test any individual in connection with an application for insurance for the presence of an antibody or antigen to a human immunodeficiency virus unless such individual gives written consent on a form designed by the director, division of public health services,

15

department of health and human services, with consultation and approval by the commissioner of insurance. The form shall contain information about the medical interpretations of positive and negative test findings, disclosure of test results, and the purpose for which the test results may be used.

(b) If the laboratory analysis is performed within this state, only laboratories certified by the division of public health services, department of health and human services, shall be used to test for the presence of an antibody or antigen to a human immunodeficiency virus. If the laboratory analysis is conducted without this state, only laboratories licensed by the United States Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1957, as amended, shall be used to perform such tests.

(c) In the event of a serologic positive test result, a person who tests for the presence of an antibody or antigen to a human immunodeficiency virus shall disclose the test results, but only to:

(1) the individual tested;

(2) such other person or entity as the individual tested may authorize by written consent to receive the test results, which consent shall be clearly identifiable as part of the form described in subparagraph (a) of this paragraph.

(d) Notwithstanding the provisions of subparagraph (c), if the test results are positive or indeterminate and the individual tested has not given written consent authorizing a physician to receive the test results, such individual shall be urged, at the time the individual is

(16.)

informed of the positive or indeterminate test results, to contact the director, division of public health services, department of health and human services, for appropriate counseling.

(e) A person who requires the test for the presence of an antibody or antigen to a human immunodeficiency virus shall maintain all test results and records pertaining to test results as confidential and protected against inadvertent or unwarranted intrusion. Such test results obtained by subpoena or any other method of discovery shall not be released or made public outside the proceedings.

(f) The commissioner of insurance shall adopt rules, under RSA 541-A, relative to:

(1) Recordkeeping designed to maintain the confidentiality of an individual tested under this paragraph.

(2) Who may have access to such records and the conditions of such access.

262:11 Report Required. The commissioner of insurance shall make a report no later than January 1, 1991, to the general court relative to the number of persons tested pursuant to RSA 417:4, XIX and the number of persons denied insurance as a result of such test results.

262:12 Legislative Intent. Notwithstanding RSA 417:4, XIX, the legislature expresses neither approval nor disapproval of the current practice of insurance company testing for the presence of an antibody or antigen to a human immunodeficiency virus.



(17.)

262:13 Implementation. The division of public health services shall not implement RSA 141-F:6 as inserted by section 2 of this act until 60 days after the division has adopted rules pursuant to RSA 541-A and RSA 141-F:4.

262:14 Conditional Provision. If HB 858, An Act relative to fetal alcohol syndrome, of the 1988 regular session of the general court becomes law, then RSA 457:23, II as inserted by section 6 of the bill shall be renumbered to read as RSA 457:23, III. In addition, the cross-reference to RSA 457:23, II in RSA 141-F:3, XIII as inserted by section 2 of this act shall be changed to RSA 457:23, III.

262:15 Effective Date.

I. Sections 3, 4, 5, 6, and 10 of this act shall take effect 120 days after its passage.

II. The remainder of this act shall take effect upon its passage.

Approved April 30, 1988

Effective I. Section 3, 4, 5, 6, and 10 shall take effect August 28, 1988.

II. The remainder shall take effect April 30, 1988.

CONTENT OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS,  
QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN  
CENTERS FOR DISEASE CONTROL ASSISTANCE PROGRAMS

(JANUARY 1988)

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. They include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship. For those individuals who do not eliminate risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. This document is intended to provide guidance for the development of educational materials, and to require the establishment of local review panels to consider the appropriateness of messages designed to communicate with various population groups.

1. Basic Principles

a. Language used in written materials (i.e., pamphlets, brochures, fliers), audiovisual materials (i.e., motion pictures and video tapes), and pictorials (i.e., posters and similar educational materials using photographs, slides, drawings, or paintings) to describe dangerous behaviors and explain less risky practices concerning AIDS should use terms or descriptors necessary for the target audience to understand the messages.

b. Such terms or descriptors used should be those which a reasonable person would conclude should be understood by a broad cross-section of educated adults in society, or which when used to communicate with a specific group, such as homosexual men, about high risk sexual practices, would be judged by a reasonable person to be inoffensive to most educated adults beyond that group.

c. The language of items in questionnaires or survey instruments which will be administered in any fashion to any persons should use terms to communicate the information needed which would be understood by a broad cross-section of educated adults in society but which a reasonable person would not judge to be offensive to such people.

d. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

e. Messages which are part of any materials or activities supported with CDC funds must be consistent with recently enacted Federal legislation (P.L. 100-202 \*) which prohibits the use of CDC funds for "...AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities." This legislation also directs that "Education, information, and prevention activities and materials ...shall

\*The complete text of the pertinent sections of Public Law 100-202 and the Conference Report which accompanied this legislation are attached.

emphasize (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and (2) abstinence from the use of illegal intravenous drugs."

The intent of Congress is further clarified in the Conference Report which accompanied Public Law 100-202. This report provides that the above language "...shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded."

The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) contains messages which are consistent with the provisions of this legislation.

f. Messages provided to young people in schools and in other settings should be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" (MMWR 1988;37 [suppl. no. 5-2]).

2. Program Review Panel

a. Prospective recipients will be required to establish a program review panel whether the applicant plans to conduct the total program activities or plans to have part of them conducted through subvention to nongovernmental organization(s). This panel, guided by the CDC Basic Principles (in the previous section) in conjunction with

prevailing community standards, will review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This panel is intended to review materials only and should not be empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the local governmental jurisdiction. Specifically, applicants for cooperative agreements will be required to include in the application the following:

- (1) Identification of a panel of no less than five persons representing a reasonable cross-section of the general community\*\* but which is not drawn predominantly from the target population or groups to whom the written materials, pictorials, audiovisuals, questionnaires, survey instruments, or educational groups sessions are directed; and
- (2) A letter or memorandum from the proposed project director, countersigned by the business office, which includes:
  - (a) Concurrence with this guidance and assurance that its provisions will be observed;
  - (b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the Panel;

\*\* Panels which review materials for use with school age populations should include representatives of such groups as teachers, school administrators, parents, and students.

b. When a cooperative agreement/grant is awarded, the recipient will:

- (1) Convene the Program Review Panel and present for its assessment actual copies of written materials, pictorials, and audiovisuals proposed to be used;
- (2) Provide for assessment by the Program Review Panel draft text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals proposed to be used;
- (3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that their project files are documented with a statement(s) signed by the Program Review Panel which itemizes their majority vote of approval or disapproval of all proposed written materials, audiovisual materials and pictorials submitted to them.
- (4) Provide to CDC in regular progress reports the signed statement(s) of all members of the program review panel itemizing their majority vote of approval or disapproval of all proposed written materials, audiovisual materials and pictorials.



Text of:

Departments of Labor, Health and Human Services, and Education,  
and Related Agencies Appropriations Act, 1988  
Public Law 100-202  
Title 3, Section 514

(a) Notwithstanding the matter under the heading "Centers for Disease Control", none of the funds made available under this Act to the Centers for Disease Control shall be used to provide AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities.

(b) Education, information, and prevention activities and materials paid for with funds appropriated under this Act shall emphasize-

- (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and
- (2) abstinence from the use of illegal intravenous drugs.

(c) The homosexual activity referred to in subsections (a) and (b) includes any sexual activity between two or more males as described in section 2256(2)(A) of title 18, United States Code.

(d) The illegal drugs referred to in subsection (b) include any controlled substance as defined in section 102(6) of the Controlled Substance Act (21 U.S.C. 802(6)).

(e) If the Secretary of Health and Human Services finds that a recipient of funds under this Act has failed to comply with this section, the Secretary shall notify the recipient, if the funds are paid directly to the recipient, or notify the State if the recipient receives the funds from the State, of such finding and that-

- (1) no further funds shall be provided to the recipient;
- (2) no further funds shall be provided to the State with respect to noncompliance by the individual recipient;
- (3) further payment shall be limited to those recipients not participating in such noncompliance; and
- (4) the recipient shall repay to the United States, amounts found not to have been expended in accordance with this section.

Congressional Record  
December 21, 1987  
Page H12713

The conferees agree that language contained in section 514 of the Act relating to AIDS education shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded.



State of New Jersey  
DEPARTMENT OF HEALTH

CN 380, TRENTON, N.J. 08625-0380

MOLLY JOEL COYE, M.D., M.P.H.  
COMMISSIONER

June 21, 1988

The Honorable John Glenn  
United States Senate  
Chairman, Committee on  
Governmental Affairs  
Washington, DC 20510-8250

Dear Senator Glenn:

This is in response to the questions posed in your letter dated May 10, 1988.

In accordance with the requirement of the Grants Management Branch, Procurement and Grants Office, Centers for Disease Control (CDC), the New Jersey State Department of Health established the AIDS Program Review Panel. Members of the Panel were chosen by the Medical Director of the AIDS Unit to meet the requirement as set forth in the CDC document entitled, Content of Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions to:

"Identify a panel of no less than five persons representing a cross section of the general community, not drawn predominantly from the target group or groups to whom the...materials...are directed."

The Panel is composed of seven members who serve without pay or reimbursement of incurred costs. The panel members include:

Two directors of drug treatment centers  
The past President of the New Jersey Parent and Teachers Association  
An attorney for the New Jersey Lesbian and Gay Coalition  
An Episcopal Priest  
The Executive Director of the Newark Boys and Girls Club  
The director of a mobile intensive care unit system

*New Jersey Is An Equal Opportunity Employer*

The Panel was established and held its first meeting on May 15, 1986. As of this time, the Panel has held six meetings with a seventh scheduled for early June 1988. To date, seventy-eight items have been reviewed and all have been approved except three. These were denied for specific reasons which the Panel felt made the item inappropriate "to communicate an effective message to those for whom it is intended."

The guidelines as set out in the document initiating this Panel's establishment continue as its charge.

The Internal Review Panel is comprised of New Jersey State Department of Health staff who have access to the most recent factual information on AIDS. They generate new literature as identified by needs or review and approve new or adapted literature. They periodically review each piece of literature in use and update and revise if necessary prior to reprinting. Currently, packets are sent out to members for their review and suggested comments. They either approve, discard or suggest revision of each document by a specified deadline. The Panel convenes for discussion in cases where unanimous approval cannot be reached. This internal review procedure is itself under review.

There has been no official policy written on specific content of AIDS materials. We follow CDC guidelines for factual recommendations and make content appropriate to the target group and the public at large. We educate people on modes of transmission and risk factors associated with HIV exposure. We advise on how to totally avoid risk or barring that decision, how they may reduce risk. We recommend mutually monogamous relationships. We recommend that people stop using drugs and inform them of where to get help but we also instruct them in disinfection of their works and the use of condoms. We recommend informing partners they may have been placed at risk and offer assistance in doing this.

The Program Review Panel has not met since passage of Public Law 100-202. They will be getting copies at their meeting in June and its implications will be discussed. It is, therefore, too soon to evaluate the impact of Public Law 100-202 on the development of AIDS prevention literature in New Jersey.

Sincerely,



Thomas A. Burke, Ph.D., M.P.H.  
Acting Commissioner of Health

c. Christine M. Grant, J.D., M.B.A.



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**LARRY GORDON**  
SECRETARY  
FOR HEALTH & ENVIRONMENT

May 27, 1988

The Honorable John Glenn  
United States Senate  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Dear Senator Glenn:

Our AIDS Prevention Program first established the Program Review Panel on July 1, 1986. Since that time the Program Review Panel has reviewed hundreds of pamphlets, posters, videos, and other written materials used by the AIDS Prevention Program and all its subcontractors. Currently our Program Review Panel consists of nine members. I have enclosed a listing of the current membership and their affiliations. The AIDS Prevention Program's Health Educator and Program Manager choose members for the Review Panel on the basis of education, experience, ethnicity, and community affiliations.

The Program Review Panel has rejected many of the materials submitted on the basis of content, inappropriate or incorrect information, and the explicit nature of the information. Other materials have been approved subject to change. The Program Review Panel also exercises an editorial advisory function beyond the CDC requirements. Since many of these members are educational professionals, their advice on the probable efficacy of materials is utilized by contractors and program personnel.

Disapproval of materials has been occurring since the inception of the program. By this time, contractors are aware of Program Review Panel standards and normally do not submit materials which may exceed the P.L.100-202 restrictions. Under the new guidelines, however, some materials which had been approved previously for special targeted audiences have been rejected on the basis that they may indirectly promote homosexual acts.

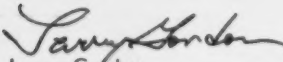
The AIDS Prevention Program requires that all federally funded written or pictorial materials be submitted to the Program Review Panel. The Program Review Panel has been trained in the federal requirements. The AIDS Prevention Program manager has final authority to approve or disapprove materials approved by the Panel. The same program manager approves payments for materials and monitors contract compliance. All contractors are provided with CDC requirements for material review.

The Honorable John Glenn  
May 27, 1988  
Page 2

The effect of P.L.100-202 is to make the prevention efforts more timid. The Gay Men's Health Project is most affected since it encourages the substitution of lower risk activities for higher risk activities among consensual homosexual adults. Achieving behavior change requires non-judgmental explicit information presented in a positive, appealing manner. The 800 Men Study by the Gay Men's Health Crisis in New York shows that the greatest changes in sexual behavior among gay men occurs when explicit visuals are used to make safer sex techniques desirable. P.L.100-202 would impact the use of such visuals.

Our populations at risk tend to be more conservative than in large cities and our materials reflect that attitude. Our materials also stress abstinence and monogamy because of our large Catholic community. However, the ultimate goals of all AIDS Prevention activities is to prevent spread of the disease. This will require explicit information about homosexual activities and implementing a program to make safer sex acceptable to gay men. P.L.100-202 places unnecessary restrictions on these activities. I would hope that these restrictions would be removed.

Sincerely,

  
Larry Gordon  
Secretary

LG:mc  
Enclosure

## REVIEW PANEL MEMBERS

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## DEPARTMENT OF HEALTH

125 WORTH ST., NEW YORK, N.Y. 10013

STEPHEN SCHULTZ, M.D.

*Deputy Commissioner for Epidemiology and Prevention Services*

Telephone: 566-7196

May 23, 1988

Senator John Glenn  
 Chairman, Committee on Governmental Affairs  
 United States Senate  
 Washington, DC 20510-6250

Dear Senator Glenn:

I am pleased to learn that the Committee on Governmental Affairs will conduct a hearing on the vitally important topic of HIV and AIDS education and prevention programs. I offer the following information in response to the questions in your letter of May 10, 1988 to Dr. Joseph:

1. Our New York City Review Panel was formed two years ago. Because New York City has independent agreements with CDC (rather than through the State), I do not know how many other review panels have been formed throughout New York State. The Panel in New York City was formed by joint agreement of a number of groups and organizations carrying out federally funded projects. It was agreed that instead of each project having its own panel, a citywide panel under the aegis of the New York City Department of Health would function more uniformly and efficiently. The Panel members were chosen by a consensus of the programs. While Panel members are from different geographic, religious and ethnic backgrounds, they were not selected for these characteristics, but rather because they represent a cross-section of the community and have specific professional expertise and interest that they bring to the topic. The seven member Panel includes a physician-epidemiologist, an attorney, a health educator, a minister working with PWA's, a pediatrician, the director of social work at a major medical center, and the director of an AIDS prevention program for intravenous drug users.
2. The Review Panel has not disapproved or rejected any materials to date on the basis of content.
3. I am not aware of any requirements set by New York State relating to content of materials produced with federal funds, nor have we written any guidelines relating to content.
4. Public Law 100-202 has had a restrictive effect on AIDS education activities for a variety of target groups. For example, the law has virtually shut down the AIDS prevention behavioral research program of one community organization, Gay Men's Health Crisis (GMHC) in New York City, funded under a Cooperative Agreement with the Centers for Disease Control to conduct innovative educational research programs with high-risk populations.

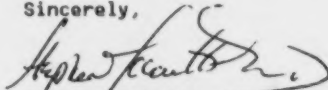
There are no further prospects for Federal funding for the continuation of this program. GMHC does not have sufficient private resources to replace Federal funding for this research program. The Department of Health is strongly committed to the principle that agencies representing people affected by AIDS should be part of the design and implementation of risk-reduction research programs; exclusion of community organizations with direct access to high-risk populations is bad public health policy.

As the legislation and Federal guidelines prohibit funding of educational materials that directly promote or encourage homosexual sex activities, it essentially prohibits teaching men how to have "safer" sex with other men. The restriction on the showing of explicit visuals has made it difficult to demonstrate the correct use of condoms in a culturally-sensitive manner. For example, GMHC was unable to use a model of a reproductive organ to show men how to protect themselves from the exchange of potentially infected body fluids. Such teaching, which includes model demonstration, has long been accepted as part of traditional human sexuality education. In San Francisco and New York where such explicit educational programs have been part of the overall educational effort, the HIV seroconversion rate among some segments of the male homosexual population has declined to less than 1%. Nevertheless, in spite of these promising changes and the catastrophic nature of the epidemic, such explicit education is now prohibited by Federal guidelines.

PL 100-202 has also had a limiting effect on explicit information and education for other individuals at high risk of infection as well. For example, intravenous drug users in some areas have responded to information on cleaning injection equipment with bleach. This legislation essentially prohibits providing this information.

Because of the nature of this epidemic, the behaviors which transmit or prevent transmission of the virus must be discussed openly, without euphemisms. Information and education programs must be based on social science theory, epidemiological principles, and sound public health practice. It is vital that legislators understand that these must be the basis of prevention programs-not whether the content is palatable to all sectors of the public. Experienced public health experts and educators must be free of censorship in order to carry out their work.

Sincerely,



Stephen Schultz, M.D.  
Deputy Commissioner  
Epidemiology & Prevention Services

cc: Stephen C. Joseph, M.D., M.P.H.  
Commissioner of Health

SS:da  
9333E



DAVID AXELROD, M.D.  
COMMISSIONER

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
ALBANY

June 8, 1988

Dear Senator Glenn:

Pursuant to your letter of May 10, 1988, we are pleased to assist the Committee on Governmental Affairs in preparing for its hearings on preventive education against HIV infection. The Department of Health receives federal funds for AIDS Prevention and Surveillance under a cooperative agreement with the Centers for Disease Control. I offer the following information in response to your specific inquiries.

1. A State AIDS Advisory Council is charged with the review of the contents of all proposed AIDS educational materials developed by assisted agencies. The Council was established in 1983 by State legislation which also established an AIDS Institute within the Department of Health. The section of our Public Health Law which relates to your question states:

"There shall be established within the institute an advisory council composed of thirteen members who shall be appointed in the following manner: two shall be appointed by the temporary president of the senate and one by the minority leader of the senate; two shall be appointed by the speaker of the assembly and one by the minority leader of the assembly; seven shall be appointed by the governor. The governor shall designate the chairman of the advisory council. The members of the council shall be representative of the public, educational and medical institutions, local health departments and nonprofit organizations, including organizations providing services to high risk populations."

"The advisory council shall be responsible for advising the commissioner with respect to the implementation of this article and shall make recommendations to the institute for the purpose of carrying out the provisions of (the Act)."

2. The AIDS Advisory Council has, on occasion, recommended modifications to proposed educational materials. These recommendations have been incorporated into the material and, to date, the Council has not found it necessary to disapprove or reject any materials.

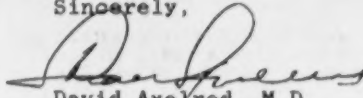
-2-

3. AIDS educational materials produced with federal funds must comply with the U.S. Public Law 100-202. Any materials so produced must be submitted to the Department of Health for review and approval prior to publication. A copy of the law is provided to organizations receiving funds and compliance is required as part of the contractual agreement under which funds are awarded.

4. Public Law 100-202 has not affected our ability to provide accurate, explicit and culturally sensitive information regarding the risk of becoming infected with HIV.

Please let me know if you need further information or assistance with respect to AIDS education in New York State.

Sincerely,



David Axelrod, M.D.  
Commissioner of Health

Hon. John Glenn  
United States Senator  
SH-503 Hart Senate Office Building  
Washington, D.C. 20510-6250



North Carolina Department of Human Resources  
Division of Health Services  
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor  
David T. Flaherty, Secretary

Ronald H. Levine, M.D., M.P.H.  
State Health Director

June 7, 1988

The Honorable John Glenn  
United States Senate  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Dear Senator Glenn:

Enclosed please find the information you requested to assist the Committee on Governmental Affairs in its study of AIDS education activities funded by the federal government.

1. The North Carolina AIDS Control Program established a community review panel in the spring of 1986. The program followed the directive issued by the Centers for Disease Control (CDC) in selecting panel members. Five persons were selected: a nurse, a minister, a college biology teacher, a businessman working in employee health, and a housewife active in civic affairs.

The AIDS Control Program will soon distribute \$350,000 it has received from CDC to community agencies (local health departments, AIDS service organizations, minority organizations, etc.) for risk reduction/education projects targeting gay/bisexual men, intravenous drug users, and minorities. Each grant recipient must establish a local community review panel to approve any AIDS education materials it develops with these funds. Members of the panel must be appointed or approved by the local Board of Health.

2. To date the State review panel has only reviewed materials submitted by the AIDS Control Program. None of the materials has been rejected.

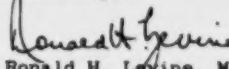
3. The requirements relating to the content of AIDS education materials in North Carolina are those laid out by the CDC in its January 1986 document, "Content of AIDS-Related Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs," which includes the restrictions imposed by Public Law 100-202. These requirements will apply to community agencies receiving CDC funds through the AIDS Control Program as well as state agencies.

Senator John Glenn  
Page 2  
June 7, 1986

4. To date Public Law 100-202 has not had a detrimental effect on educational efforts of the State AIDS Control Program. Recently, however, North Carolina distributed a request for proposals (RFP) for risk reduction projects targeting gay/bisexual men and IV drug users. These projects will be funded with federal monies from CDC and the RFP requires compliance with Public Law 100-202. Most of the seven AIDS service organizations in North Carolina have expressed interest in the RFP, but several have voiced their concern that the law may restrict their ability to provide gay/bisexual men with appropriate information on safer sexual practices. At least one has decided that it can not provide the education it feels is necessary in the gay community under the restrictions imposed by this law and that, therefore, it will not submit a proposal. These funds are intended to assist community-based organizations in the development and implementation of effective AIDS risk reduction campaigns. It would be unfortunate if Public Law 100-202 has the effect of excluding certain agencies that have extensive experience in AIDS education and the trust of those at highest risk for AIDS.

I hope this information proves useful to you and please let me know if I can be of further assistance to you or your committee.

Sincerely,



Ronald H. Levine, M.D., M.P.H.

RHL/DJ/tw





**NORTH DAKOTA  
STATE DEPARTMENT OF HEALTH  
AND CONSOLIDATED LABORATORIES**

State Capitol  
Bismarck, North Dakota 58005

PREVENTIVE HEALTH SECTION

May 24, 1988

The Honorable John Glenn  
United States Senate  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Dear Senator Glenn:

Thank you for requesting our input on efforts to educate the general population and individuals in high-risk groups about the risks of HIV infection and the prevention measures they can take. Overall, I have been disappointed by the response the federal government has made toward AIDS. All previous efforts directed toward sexually transmitted diseases have been orchestrated and directed by the federal government. Congress in the past has passed legislation dealing with other sexually transmitted diseases. This leadership is lacking in regards to the AIDS epidemic, an epidemic much more serious than previous sexually transmitted diseases.

I would hope that the Committee on Governmental Affairs would support initiatives to understand human sexual behavior and find ways of modifying that behavior. Specifically, barriers to condom use in the general and high-risk population need to be examined. Efforts to promote condom use should begin as soon as possible.

In response to your questions:

1. The North Dakota School Health Coalition has served as the panel to review the contents of proposed AIDS educational materials. This panel agreed to perform this activity in 1987. This is a statewide panel - representing a broad segment of the health and education community in North Dakota. I have enclosed a list of the membership.

The North Dakota AIDS Advisory Council has been in place for three years. This council has advised the Department on overall AIDS efforts, including general public AIDS education. The AIDS Advisory Council meets quarterly. The members are chosen by the State Health Department to represent broad segments of the North Dakota community. I have enclosed a copy of the membership of the North Dakota AIDS Advisory Council.

Community  
Health Nursing  
701-224-2494

Disease Control  
701-224-2378

Health Promotion  
and Education  
701-224-2387

Local  
Health Services  
701-224-4564

Maternal and  
Child Health  
701-224-3493

The Honorable John Glenn

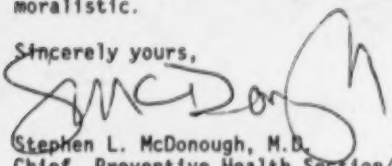
Page 2

May 24, 1988

2. The review panel has not disapproved or rejected any materials to date.
3. The North Dakota State Department of Health complies with federal guidelines concerning AIDS education materials.
4. Public Law 100-202 has not adversely affected AIDS education efforts in our state. Abstinence from sexual activity and abstinence from the use of illegal intravenous drugs are emphasized in our approach. We also emphasize methods that reduce the risk of HIV transmission. The language of 100-202 and that in the Congressional Record, December 21, 1987, Page H12713, allow us enough flexibility in appropriately responding to the AIDS epidemic.

Continued flexibility is needed to address AIDS. Moralistic approaches, although politically popular, have been proven time and time again to worsen epidemics of sexually transmitted diseases. I am hopeful that your committee will recognize this and reject further efforts to be judgmental and moralistic.

Sincerely yours,



Stephen L. McDonough, M.D.  
Chief, Preventive Health Section/  
Acting State Epidemiologist/  
AIDS Program Coordinator

rn

Enclosures

c: Robert M. Wentz, M.D., State Health Officer

**NORTH DAKOTA SCHOOL HEALTH COALITION MEMBERS**

**Jan Adair**  
**Agassiz Junior High School**  
**1305 9th Ave. S.**  
**Fargo, ND 58103**

**ND Association of School Administrators**  
**Robert Tollefson, Superintendent**  
**Napoleon Public School**  
**Napoleon, ND 58561**

**ND Secondary School Principals Association**  
**Keith Keidel, Principal**  
**Simle Junior High School**  
**1215 N. 19th Street**  
**Bismarck, ND 58501**

**ND Elementary School Principals Association**  
**Doug Hultberg, Principal**  
**Washington Elementary**  
**1001 2nd Street SE**  
**Minot, ND 58701**

**ND Education Association**  
**Peg Portscheller, President**  
**410 E. Thayer Ave.**  
**Box 5005**  
**Bismarck, ND 58502**

**ND School Boards Association**  
**Barbara Norby, Assistant Director**  
**P.O. Box 2276**  
**Bismarck, ND 58502**

**ND Branch of National Congress of Parents and Teachers**  
**Kay Frostle**  
**1126 N. 3rd Street**  
**Fargo, ND 58102**

**ND Association of Health, Physical Education, Recreation and Dance**  
**Bonny Kemper**  
**Central Campus School**  
**215 - 2nd Street SE**  
**Minot, ND 58701**

**ND Chapter of American Academy of Pediatrics**  
**Ray Hippchen, M.D.**  
**Mid Dakota Clinic**  
**9th Street & Rosser Ave.**  
**Bismarck, ND 58501**

**ND Academy of Family Physicians & ND Medical Association**  
**Dale Klein, M.D.**  
**Q & R Clinic**  
**222 N. 7th Street**  
**Bismarck, ND 58501**

**College**  
**Dr. Martin Johnson**  
**Mayville State University**  
**Field House**  
**Mayville, ND 58257**

**Teachers**  
**Russ Werth**  
**Bowman High School**  
**Drawer H**  
**Bowman, ND 58623**

**Nadine Torgerson**  
**Wahpeton High School**  
**1021 N. 11th Street**  
**Wahpeton, ND 58075**

**Nurse**  
**Joanne Gladden**  
**University of Mary**  
**7500 University Drive**  
**Bismarck, ND 58504**

**Commodities Group**  
**Debbie Johnson**  
**North Dakota Dairy Council**  
**4023 N. State Street**  
**Bismarck, ND 58501**

**Native Americans****Bertha Gipp****ND State Dept. of Health & Consolidated Laboratories****Division of Maternal & Child Health****State Capitol****Bismarck, ND 58505****Governor's Office****Janis Cheney****Governor's Office****State Capitol - 1st Floor****Bismarck, ND 58505****Children's Services Coordinating Committee****Jan Placek, Coordinator****18th Floor - State Capitol****Bismarck, ND 58505****Interagency Committee on Chemical Health****Dave Lee, Director****Chemical Health Program****Department of Public Instruction****State Capitol****Bismarck, ND 58505****Senator****Bonnie Miller Heinrich****1606 Bowen Ave.****Bismarck, ND 58504****Representative****Tom Kuchera****P.O. Box 52****Grand Forks, ND 58206****Department of Public Instruction****Chuck DeRemer****Assistant Director of Support Programs****Department of Public Instruction****State Capitol****Bismarck, ND 58505****Department of Human Services****John Allen, Director****Alcoholism and Drug Abuse Services****Human Services Department****State Capitol****Bismarck, ND 58505**

***Vocational Home Economics******Karen Botine******Department of Vocational Education******State Capitol - 15th Floor******Bismarck, ND 58505******State Department of Health & Consolidated Laboratories******Dr. Stephen L. McDonough, Chief******Preventive Health Section******ND State Dept. of Health & Consolidated Laboratories******State Capitol******Bismarck, ND 58505******Ramona Borke******Health Education Specialist******Division of Health Promotion & Education******ND State Dept. of Health & Consolidated Laboratories******State Capitol******Bismarck, ND 58505***



NORTH DAKOTA AIDS ADVISORY COUNCIL  
May, 1988

The following individuals have agreed to serve on the North Dakota AIDS Advisory Council:

Dean Bard  
N.D. Funeral Directors' Association  
1103 E. Interstate, Suite 2  
Bismarck, ND 58501  
Phone: 258-7330

Erwin Bitz  
Director  
West Central Human Services Center  
600 South 2nd Street  
Bismarck, ND 58501  
Phone: 255-3090

Terry Brosseau  
President, Medcenter One  
North Dakota Hospital Assoc. Representative  
Box 640  
Bismarck, ND 58502  
Phone: 224-6000

William Buckingham, M.D.  
City Health Officer  
UND Family Practice Center  
515 East Broadway  
Bismarck, ND 58501  
Phone: 224-2550

Dale Davis, M.D.  
Infectious Diseases  
Morgan & Associates  
316 North 10th Street  
Bismarck, ND 58501  
Phone: 255-3234

Judy DeMers  
State Representative  
School of Medicine  
501 Columbia Road  
Grand Forks, ND 58201  
Phone: 777-2514

## NORTH DAKOTA AIDS ADVISORY COUNCIL

Charles DeRemer  
Math Science Curriculum Coordinator  
Department of Public Instruction  
State Capitol Building  
Bismarck, ND 58505  
Phone: 224-2514

John Hicks, D.D.S.  
Dakota Clinic, Ltd.  
Box 6001  
Fargo, ND 58102  
Phone: 280-3300

Darrel D. Hildebrandt  
148 Boise Avenue  
Bismarck, ND 58501  
Phone: 258-7166

John Hipp, M.D.  
Pathology Consultants  
Box 1658  
Bismarck, ND 58502-1658  
Phone: 224-7551

Larry Klundt  
North Dakota Conference of School Administrators  
1720 Burnt Boat Drive  
Bismarck, ND 58501  
Phone: 258-3022

Evan E. Lips  
State Senator  
Box 775  
Bismarck, ND 58502-0775  
Phone: 223-6465

Stephen L. McDonough, M.D., Chairman  
Chief, Preventive Health Section  
Acting State Epidemiologist  
State Department of Health and Consolidated Laboratories  
Bismarck, ND 58505  
Phone: 224-2493

## NORTH DAKOTA AIDS ADVISORY COUNCIL

James B. Olson, Administrator  
Golden Manor, Inc.  
NDHCA Representative  
Steele, ND 58482  
Phone: 475-2251

Richard Ott, Ph.D.  
N.D. School Board Association  
110 North Third  
Bismarck, ND 58501  
Phone: 255-4127

James L. Pearson, Dr. P.H.  
Director, Laboratories Branch  
State Department of Health and Consolidated Laboratories  
P.O. Box 937  
Bismarck, ND 58505  
Phone: 221-6140

Laurie Pederson, R.N., C.I.C.  
ND Nurses' Association Representative  
United Hospital  
1200 S. Columbia Road  
Grand Forks, ND 58201

Dave Peske  
N.D. Medical Association  
P.O. Box 1198  
Bismarck, ND 58502-1198  
Phone: 223-9475

C.H. Peters, M.D.  
Medical Consultant  
Medical Services Division  
State Capitol Building  
Bismarck, ND 58505  
Phone: 224-2321

## NORTH DAKOTA AIDS ADVISORY COUNCIL

Peg Portscheller, President  
N.D. Education Association  
P.O. Box 5005  
Bismarck, ND 58502  
Phone: 223-0450

Norbert Sickler  
ND Peace Officers Association Representative  
Box 1887  
Dickinson, ND 58602  
Phone: 225-0474

Robert Tight, M.D.  
Infectious Diseases  
VA Medical Center  
North Elm & 21st Avenue  
Fargo, ND 58102  
Phone: 237-2000

Ann Udland  
Fiscal Officer  
Department of Institutions  
State Capitol Building  
Bismarck, ND 58505  
Phone: 224-2471

Chaplain Duane Wacker  
N.D. Conference of Churches  
Medcenter One  
Box 640  
Bismarck, ND 58502  
Phone: 224-6000

EDUCATIONAL MATERIALS REVIEW COMMITTEE (A subcommittee of the AIDS  
Advisory Council)

Charles DeRemer

Darrel Hildebrandt

Laurie Pederson

Dr. Robert Tight

Rev. Duane Wacker

246 N. High Street  
Post Office Box 118  
Columbus, Ohio 43268-0118  
Telephone (614) 466-3543



RICHARD F. CELESTE  
Governor

June 7, 1988

Senator John Glenn  
Chairman  
United States Senate  
Committee on Governmental Affairs  
Washington, D.C. 20510-6250

Dear Senator Glenn:

The Ohio Department of Health has complied with Federal Regulations regarding education of individuals at high risk for AIDS. Our response to your specific questions is as follows:

1. As required by the Centers for Disease Control, the Ohio Department of Health established a panel to review AIDS Educational Material in July, 1986. We currently have one panel which reviews all educational materials developed for specific content, and the second panel which reviews only materials to be used in schools. The second panel is under the auspices of the Ohio Department of Education and in conjunction with the Ohio Department of Health. Our responses will be directed only at the first review panel which reviews all educational materials. The panel was chosen in July, 1986 to cover a broad cross section of professionals representing Ohio community standards. There are currently five individuals on the panel and represent the following disciplines: 1) The medical director of Columbus City Health Department; 2) a minister of an Episcopal Church in Columbus; 3) a housewife and volunteer hospice worker for Newark, Ohio; 4) a dentist in private practice from North Central Ohio; and, 5) an administrator from the Dayton City School System.
2. The panel has on many occasions recommended alternate wording for questionnaires and pamphlets. All of these wording changes, however, were recommended to improve readability and clarity, not because the original wording was offensive to community standards.
3. The content of all educational materials produced in our state using Federal Monies conform to the Federal Guidelines outlined by the Centers for Disease Control. All local agencies funded by the Ohio Department of Health with Federal AIDS monies must conform to these guidelines.
4. The "Helms Amendment" has not appreciably reduced Ohio's risk reduction program. The Ohio Department of Health has never



Page 2

June 7, 1988  
Senator Glenn

funded any effort to encourage homosexuality; we neither condemn nor condone it. However, clearly the existence of such laws make providing explicit education to high-risk groups more difficult. It creates an environment where innovative educational efforts could potentially be stifled by this type of restrictive legislation. We would strongly favor laws that provide protection and encouragement to state and local health agencies, as well as private groups, which encourage development and sharing of explicit, culturally sensitive and professionally evaluated material.

Thank you for your efforts in reviewing the impacts of Federal Guidelines and Laws which impinge on AIDS prevention programs. If we can be of any further assistance please do not hesitate to contact Bob Campbell, Supervisor AIDS Activities Unit of our department. Thank you.

Sincerely,

*Ronald L. Fletcher, M.D.*

Ronald L. Fletcher, M.D.  
Director of Health

RLF:da

Joan K. Leavitt, M.D.  
Commissioner

Board of Health  
Linda M. Johnson, M.D.  
President  
Ernest D. Martin, Ph.D.  
Vice-President  
Walter Scott Mason, III  
Secretary-Treasurer

Wallace Byrd, M.D.  
John B. Carmichael, D.D.S.  
Dan H. Felter, D.O.  
Budge F. Green, M.D.  
James L. Henry

OKLAHOMA STATE  
DEPARTMENT OF HEALTH

P.O. BOX 53531  
1000 N.E. TENTH  
OKLAHOMA CITY, OK 73152



AN EQUAL OPPORTUNITY EMPLOYER

May 31, 1988

The Honorable John Glenn  
Chairman, Committee on Governmental Affairs  
United States Senate  
Washington, D.C. 20510-6250

Dear Senator Glenn:

In response to your recent inquiry:

1. A "program review panel" was first formed in Oklahoma in 1986. This formation coincided with our first education grant proposal to CDC. Only one panel exists in the state.

Currently, the Director of the AIDS Division selects members for the review panel, when vacancies occur. The current panel consists of five volunteers - a physician from Tulsa who treats a large number of AIDS patients, a representative from a gay community group in Oklahoma City, an infectious disease physician from Oklahoma City, a physician in charge of blood services for the American Red Cross in Tulsa and a ASSECT certified sex educator from Oklahoma City with fifteen years of health education experience.

2. Since we have used primarily educational materials developed by either CDC or the American Red Cross, the review panel has not met yet.
3. There are no specific state requirements relating to the contents of AIDS education materials produced with federal funds.
4. To date, Public Law 100-202 has not had any effect on our AIDS Division programs. However, much needed educational programs and materials dealing with safer sex practices are jeopardized by this law. So are the development of educational materials advising drug addicts how to use bleach/water solutions to clean their "works" and protect themselves from blood borne infections - specifically HTV, Hepatitis B and syphilis.

Sincerely,

*Joan K. Leavitt, M.D.*

Joan K. Leavitt, M.D.  
Commissioner of Health



Department of Human Resources  
HEALTH DIVISION

1400 S.W. 5th AVENUE, PORTLAND, OREGON 97201 PHONE 229-5792

May 26, 1988

Senator John Glenn  
Committee on Governmental Affairs  
United States Senate  
Washington, D.C. 20510

Dear Senator Glenn:

I will respond to the questions in your letter of May 10 in the order you posed them:

1. Oregon first established its review panel on June 20, 1986. One panel exists in the state. I select the five members chosen after reviewing recommendations from AIDS Program staff. The current members represent the Ecumenical Ministries of Oregon, the Oregon Bar Association, the Oregon Medical Association, the Oregon Department of Education, and the public at large (an ethicist deeply involved in AIDS and other public health issues).
2. The review panel has not disapproved any materials to date.
3. The Oregon Health Division follows the guidelines promulgated by CDC. The guidelines are enforced by requiring that all materials produced with federal funding be reviewed before production by Division staff and the review panel. If the material were not approved, funding would be withdrawn from the specific project.
4. I believe Public Law 100-202 has had minimal negative effect, in part because community organizations in Oregon have private sources of funding for those but also because there is a high level of commitment to work together as a community to serve all segment of the community.

If you have other questions, please let me know.

Sincerely,

Kristine M. Gebbie  
Assistant Director, Human Resources  
Administrator, Health Division

KMG:LF:MR

AN EQUAL OPPORTUNITY EMPLOYER

Mailing Address: P.O. Box 231, Portland, Oregon 97207

EMERGENCY PHONE (503) 229-5598

TTY (503) 229-8874

## Commonwealth of Pennsylvania



DEPARTMENT OF HEALTH

HARRISBURG

THE SECRETARY

June 29, 1988

The Honorable John Glenn  
United States Senate  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Dear Senator Glenn:

This is a written response to questions in your inquiry of May relative to Federal funding of AIDS efforts in Pennsylvania. We did verbally respond to Andrea Fastenberg of your staff.

1. The Pennsylvania AIDS Program Review Panel was established in July 1986. There is only one panel of eight persons. Members were selected to represent community, race, gender, medical, and AIDS experience.

2. The panel has not rejected any materials, but has modified numerous brochures based upon the guidelines, but more often on other information that needed updated or corrected.

3. Enclosed are the guidelines that are part of all AIDS contracts. Guidelines would be enforced with our normal contact monitoring process. We have only recently begun funding community based AIDS Service Organizations. They generally have multiple funding sources for their endeavors.

4. The impact of public law 100-202 has been minimal to date, although the restrictions are counter productive to complete AIDS education programming. The concern is greater among the larger metropolitan Health Departments who have been implementing more risk specific education messages.

Thank you much for your consideration as we all work on the epidemic of AIDS. If you should require any further clarification please feel free to contact my Acting Special Assistant, Rodger L. Beatty at 717-787-6436.

Sincerely,

A handwritten signature in cursive script, appearing to read "N. Mark Richards".

N. Mark Richards, M.D.



State of Rhode Island and Providence Plantations

Department of Health  
CANNON BUILDING  
Davis Street  
Providence, R.I. 02908

August 16, 1988

Senator John Glenn, Chairman  
United States Senate Committee on  
Governmental Affairs  
Washington, DC 20510-6250

Dear Mr. Glenn:

In response to your letter of May 10, 1988:

- (1) Our panel was first established in 1985, we currently have one panel within our state. The current panel was chosen by sending letters of invitation to twenty-one citizens who represented approximately fourteen different groups or populations; all who responded affirmatively were placed on the committee (see enclosed membership).
- (2) Although the committee has rejected certain materials, it was due to cultural inappropriateness, perceived poor quality or outdated material.
- (3) We generally have not purchased materials which violate P.L. 100-202, nor do we plan to.
- (4) Public Law 100-202 has not affected our ability to provide accurate information.

I regret our delay in responding to your letter. I sincerely hope that this information is of help to you.

Sincerely,

*Janet A. Hodge R.N., B.S.*

Janet A. Hodge, R.N.  
Community Health Nurse  
Coordinator  
AIDS Program

JFH/bm  
Enclosure

HEALTH - A WAY OF LIFE

Telecommunications Device for the Deaf (TDD): 277-2506

## City and County of San Francisco

## Department of Public Health



May 31, 1988

The Honorable John Glenn, Chairman  
Committee on Governmental Affairs  
United States Senate  
Washington, DC 20510-6250

Dear Senator Glenn:

Dr. David Wedegar, Director of Health in San Francisco, is out of the country for several weeks. I have been asked to respond on his behalf to your letter of May 10 regarding the effect of Public Law 100-202/Title 3/Section 514 on efforts to educate the public about the risks of HIV infection and the prevention measures they can take. I will address your specific questions in the order in which they appear in your letter.

1. REGARDING SAN FRANCISCO'S LOCAL REVIEW PANEL

San Francisco's local review panel was first convened in April 1986. Membership on the panel has not changed since its establishment.

Members of the panel were appointed by Dr. Wedegar, in his capacity as Director of Health for the City and County of San Francisco. Their initial charge was to "consider the bounds of explicitness needed to communicate an effective [educational] message to those for whom it is intended".

San Francisco's panel consists of five members whose backgrounds and major affiliations are summarized in the following chart.

| Panel<br>Member | Gender | Race/<br>Ethnicity | Occupation                   | Risk group<br>association | Other affiliations                           |
|-----------------|--------|--------------------|------------------------------|---------------------------|----------------------------------------------|
| #1              | Female | White              | Housewife                    | None                      | Member, Social Service Commission            |
| #2              | Male   | Latino             | Patient rights advocate, CBO | None                      | Board member, Instituto Familiar de la Raza  |
| #3              | Female | Black              | Student                      | None                      | University of California                     |
| #4              | Male   | White              | Marketing consultant         | Gay male                  | Member, Health Commission                    |
| #5              | Female | Asian              | Attorney                     | None                      | Member, Community College Board of Governors |

05308JAR  
AIDS OFFICE

1111 MARKET STREET

SAN FRANCISCO, CA 94103



Senator John Glenn  
May 31, 1988  
Page 2

## 2. REGARDING PANEL JUDGMENTS

### Background

Panel members have two distinct but related roles. Their primary role is to review materials and educational program outlines which are proposed for Federal funding. In this capacity, their judgments are binding. The San Francisco Department of Public Health (SFDPH) also asks the panel to review all other AIDS education and prevention materials produced by the Department and its community based contractors. In this latter capacity, their judgments are advisory only.

In 1985, the California Department of Health Services (CDHS) instituted a requirement that all materials to be produced with State funds be submitted to the State for review and approval. It soon became clear that this review was likely to preclude the distribution of materials that were considered by some to be "too explicit". SFDPH staff judged that this could seriously compromise our ability to educate effectively people engaging in behavior that puts them at risk for HIV transmission. SFDPH has since then encouraged its divisions and contractors to utilize city/county and private funds as much as possible in the development of materials and interventions targeted to groups whose education might stimulate political controversy outside the city/county.

In 1986, the Centers for Disease Control (CDC) required the establishment of local panels to review and approve materials and interventions supported by Federal funding. SFDPH shared CDC's concern with balancing the need for communicating effective educational messages about AIDS prevention and maintaining broad public support for CDC's and SFDPH's public health mission. SFDPH also agreed that a local review panel would help to maintain the necessary balance. This fundamental agreement notwithstanding, SFDPH did not choose to alter its plan to utilize city/county and private funds as much as possible in the development of materials and interventions targeted to groups whose education might stimulate political controversy outside the city/county.

The subsequent provisions of Public Law 100-202/Title 5/Section 514, and the related expansion in the charge to the local review panels have confirmed the practical wisdom of San Francisco's limiting the use of State and Federal funding to the less controversial aspects of AIDS education. Because of this already-established practice, Public Law 100-202 has had little negative impact on the efficacy of AIDS education in San Francisco.

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Senator John Glenn  
May 31, 1988  
Page 3

To date Federal (CDC) funding has been used in San Francisco to underwrite the cost of (a) education of staff and detainees in city/county jails and other detention facilities, (b) the development of a training curriculum for teachers working in the San Francisco Unified School District, and (c) education and counseling related to HIV antibody testing. It has also been used to support community-wide door-to-door surveys of AIDS knowledge, attitudes, and behaviors in San Francisco's Asian, Black, and Latino communities as well as telephone surveys of self-identifying gay and bisexual men and heterosexuals with multiple and/or high risk partners.

#### Specific approvals and recommendations

Since April 1986, the Panel has reviewed over 65 educational pieces (lesson plans/workshop guides, curricula, videos, audio scripts, brochures, billboards, posters, flyers, etc). Some of these were developed prior to the establishment of the Panel but were still in use at the time of the review.

- \* To date the Panel has approved all materials developed with or proposed for Federal funding.
- \* To date the Panel has endorsed the use and distribution of all materials developed entirely or in part with State and City/County funding.
- \* To date the Panel has recommended that one poster whose production was proposed by a community-based organization for a combination of City/County and private funding be paid for only with private funds.

#### 3. REGARDING CURRENT REQUIREMENTS

San Francisco has received no notice from the State of special requirements relating to the content of AIDS education materials produced with Federal funds managed by the State. To the best of my knowledge, all of the funds provided by the State for AIDS education in San Francisco come from State appropriations. The Federal funds received by SFDPH for AIDS education come directly to SFDPH from the Federal agencies concerned.

Regarding enforcement of content requirements, here are excerpts from relevant documents:

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- (a) Clause 11 of the California Department of Health Services' contract with SFDPH for AIDS Information and Education:

" Any material produced or distributed in whole or in part with funds provided under this contract shall be submitted to the State for written approval prior to reproduction and distribution by the Contractor."

- (b) Clause 48 of the SFDPH contract with a community based provider for AIDS education and prevention support:

" CONTRACTOR agrees that all materials (including but not limited to print, audio and video) developed, produced or distributed by personnel or with funding under this contract shall be subject to review and approval by the Director, AIDS Office. The Director, AIDS Office, will forward the materials to the appropriate review panel. CONTRACTOR agrees to provide the materials with sufficient time to allow for an adequate review process prior to publication or distribution.

" The review process will involve an analysis of (a) how the need for particular messages has been assessed, (b) why the particular medium used has been chosen, and (c) how carefully the potential impact of specific draft materials has been tested by representatives of the populations targeted. Consistency with the latest developments in epidemiological and medical knowledge of AIDS and its transmission will be expected."

- (c) Policy statements regarding AIDS education included in AIDS IN SAN FRANCISCO: STATUS REPORT FOR FISCAL YEAR 1987-88 (p. 61):

- (2) "The design and content of AIDS education and intervention efforts should be based on epidemiologic, behavioral, and social science research as well as careful assessments of targeted audiences' understanding of AIDS and its transmission, and of the obstacles which prevent adoption or maintenance of behaviors that do not put the person at risk of HIV infection. . . .

Senator John Glenn  
May 31, 1988  
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- (4) "Educational materials should utilize language and visuals which the audience(s) targeted are most likely to understand and to which they will respond. Judgments about the propriety of materials produced and distributed with public funds should be made by local public health authorities and local review panels and should be based on careful assessments of the needs of local audiences. . . .
- (6) "DPH will encourage both traditional and nontraditional educational interventions in its commitment to the prevention of HIV transmission and AIDS."

#### 4. REGARDING THE EFFECT OF PUBLIC LAW 100-202/TITLE 5/SECTION 514

The clarification provided by the Senate-House conference committee relating to Section 514 of Public Law 100-202 mitigates the negative impact of Section 514 on important AIDS education and prevention efforts in San Francisco because the efforts which might otherwise be undermined by Section 514 are not dependent on Federal funding. However, very few communities have sufficient general fund resources or the ability to mobilize adequate private support for an effective prevention program targeted to gay and bisexual men. Their dependence on Federal education dollars (and the resulting vulnerability to the expectations of Section 514) is likely to weaken such programs and will undoubtedly cost lives.

It is clear that the principal intent of the legislation is to promote particular notions about confining sexual activity to monogamous heterosexual marriages and to discourage homosexual relationships. Preventing the transmission of HIV seems to be of secondary importance, at best. Even if one accepts the suggestion that preventing HIV transmission is part of the agenda, one must observe that Section 514 reflects moral and political judgments that are difficult to reconcile with proven, constructive approaches to the control of AIDS. It ignores the fact that (a) the prevention of HIV transmission requires the full cooperation of people -- heterosexual, bisexual and gay -- whose present behavior puts them and their partners at risk for transmission and (b) their perception of reality and morality must be accommodated to some degree if a high level of cooperation is to be secured. The only educational interventions that have demonstrated a reasonable degree of success in limiting transmission of HIV are those which have treated people who are infected and at risk as colleagues and allies rather than as the enemy. The public health enemy in this instance is the human immunodeficiency virus.

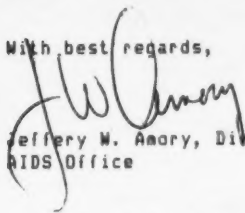
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Senator John Glenn  
May 31, 1988  
Page 6

I am enclosing for your general information a copy of a report recently released by the Department of Public Health. It includes, among other things, a detailed description of San Francisco's approach to AIDS prevention (see Chapter III in particular).

In closing, let me assure you that the Department appreciates this opportunity to share our experience and communicate our concerns to you. I hope you will find this information and these observations responsive to your questions. If I can be of any further assistance, please do not hesitate to contact me.

With best regards,



Jeffery W. Amory, Director  
AIDS Office

cc: David Werdegarr, MD

05308JAR

## South Carolina Department of Health and Environmental Control

2600 Bull Street  
Columbia, S.C. 29201

Commissioner  
Michael D. Jarrett



### Board

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May 24, 1988

The Honorable John Glenn, Chairman  
Committee on Governmental Affairs  
United States Senate  
Washington, DC 205 10-6250

Dear Senator Glenn:

I am pleased to respond to your request for information about federally funded AIDS education activities. The answers to your questions are as follows:

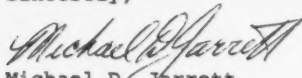
1. The S.C. Department of Health and Environmental Control first established a Materials Review Panel in August 1986. This was in the first funding period of our cooperative agreement with the Centers for Disease Control. There is only one Panel in South Carolina, and members are asked by our AIDS Project staff to serve voluntarily on the Panel. Presently there are eight individuals on the Panel representing church, school, college, gay/lesbian, media, business and legislative groups.
2. The S.C. Materials Review Panel has not disapproved or rejected any materials or audio-visuals to date. However, it has restricted certain materials to specific target groups, and has stipulated how some audio-visuals should be utilized (e.g. some can only be used in conjunction with a qualified speaker or professional). These restrictions are not a result of Public Law 100-202, but result from professional standards regarding the development and use of educational materials for specific audiences.
3. AIDS education materials produced or purchased with federal funds follow CDC Guidelines (enclosed). AIDS Prevention Project staff are responsible for ensuring that these guidelines are followed, and the Materials Review Panel reviews and approves all materials. There are no other written guidelines for state and local officials or community-based organizations concerning the content of AIDS education materials.
4. The effect of Public Law 100-202 has severely limited our ability to communicate explicit and culturally sensitive



materials on risk-reduction messages particularly for homosexually and bisexually active men. Limited data are available on effective interventions for behavior change related to AIDS risk reduction. However recent studies among gay men in New York and California indicate that behavior change is most likely to occur with education activities that both create some anxiety and perception of risk, and show that risk reduction (i.e. safer sex) can be erotic and appealing. This can not be effectively done without the use of visuals and materials that depict individuals from the target audience attempted to be reached. Additionally, in South Carolina we are challenged with reaching low literacy groups with whom materials must be visual and explicit. In short, Public Law 100-202 will have a negative effect in attempting to prevent infection among individuals engaging in high risk behavior. We would be far more successful in our efforts to educate people if the content of materials was left to the discretion of local and community-based organizations who have the knowledge and experience of serving the members of their particular populations.

I hope this information will be useful for your June 8th Committee hearing. If I can provide further assistance please let me know.

Sincerely,



Michael D. Jarrett  
Commissioner

dg

NAME \_\_\_\_\_

AIDS Educational Materials Review Panel

Title of Educational Material \_\_\_\_\_

Questions to consider for review of educational materials used for delivering health messages about Acquired Immune Deficiency Syndrome (AIDS).

1. Which target group(s) do you believe that this material/message may be best suited for?

|                            |                                                          |
|----------------------------|----------------------------------------------------------|
| _____ Homosexual/Bisexual  | _____ Professionals Only                                 |
| _____ School Groups        | _____ IV Drug Abusers                                    |
| _____ Prison Population    | _____ Specific Ethnic Group,<br>Identify _____           |
| _____ Worksite             | _____ Women Of Reproductive<br>Age With High Risk Status |
| _____ Other, specify _____ |                                                          |

2. Was there anything in the message that you particularly disliked or bothered you? If yes, what was it?
3. Was there anything in the message that your friends or associates might find offensive? If yes, what was it?
4. Are there any words that you feel are too difficult for the target audience to understand?
5. Comments about the design/format of the educational material.
6. Suggestions for revision (if any).
7. Do you recommend that this material be used?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CONTENT OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS,  
QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN  
CENTERS FOR DISEASE CONTROL ASSISTANCE PROGRAMS

(JANUARY 1988)

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. They include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship. For those individuals who do not eliminate risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. This document is intended to provide guidance for the development of educational materials, and to require the establishment of local review panels to consider the appropriateness of messages designed to communicate with various population groups.

1. Basic Principles

a. Language used in written materials (i.e., pamphlets, brochures, fliers), audiovisual materials (i.e., motion pictures and video tapes), and pictorials (i.e., posters and similar educational materials using photographs, slides, drawings, or paintings) to describe dangerous behaviors and explain less risky practices concerning AIDS should use terms or descriptors necessary for the target audience to understand the messages.

b. Such terms or descriptors used should be those which a reasonable person would conclude should be understood by a broad cross-section of educated adults in society, or which when used to communicate with a specific group, such as homosexual men, about high risk sexual practices, would be judged by a reasonable person to be inoffensive to most educated adults beyond that group.

c. The language of items in questionnaires or survey instruments which will be administered in any fashion to any persons should use terms to communicate the information needed which would be understood by a broad cross-section of educated adults in society but which a reasonable person would not judge to be offensive to such people.

d. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

e. Messages which are part of any materials or activities supported with CDC funds must be consistent with recently enacted Federal legislation (P.L. 100-202 \*) which prohibits the use of CDC funds for "...AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities." This legislation also directs that "Education, information, and prevention activities and materials ...shall

\*The complete texts of the pertinent sections of Public Law 100-202 and the Conference Report which accompanied this legislation are set forth at the end of this document.

emphasize (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and (2) abstinence from the use of illegal intravenous drugs."

The intent of Congress is further clarified in the Conference Report which accompanied Public Law 100-202. This report provides that the above language "...shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded."

The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) contains messages which are consistent with the provisions of this legislation.

f. Messages provided to young people in schools and in other settings should be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" (MMWR 1988;37 [suppl. no. S-2]).

2. Program Review Panel

a. Prospective recipients will be required to establish a program review panel whether the applicant plans to conduct the total program activities or plans to have part of them conducted through subvention to nongovernmental organization(s). This panel, guided by the CDC Basic Principles (in the previous section) in conjunction with

prevailing community standards, will review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This panel is intended to review materials only and should not be empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the local governmental jurisdiction. Specifically, applicants for cooperative agreements will be required to include in the application the following:

- (1) Identification of a panel of no less than five persons representing a reasonable cross-section of the general community\*\* but which is not drawn predominantly from the target population or groups to whom the written materials, pictorials, audiovisuals, questionnaires, survey instruments, or educational groups sessions are directed; and
- (2) A letter or memorandum from the proposed project director, countersigned by the business office, which includes:
  - (a) Concurrence with this guidance and assurance that its provisions will be observed;
  - (b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the Panel;

\* Panels which review materials for use with school age populations should include representatives of such groups as teachers, school administrators, parents, and students.



- b. When a cooperative agreement/grant is awarded, the recipient will:
- (1) Convene the Program Review Panel and present for its assessment actual copies of written materials, pictorials, and audiovisuals proposed to be used;
  - (2) Provide for assessment by the Program Review Panel draft text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals proposed to be used;
  - (3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that their project files are documented with a statement(s) signed by the Program Review Panel which itemizes their majority vote of approval or disapproval of all proposed written materials, audiovisual materials and pictorials submitted to them.
  - (4) Provide to CDC in regular progress reports the signed statement(s) of all members of the program review panel itemizing their majority vote of approval or disapproval of all proposed written materials, audiovisual materials and pictorials.



## SOUTH DAKOTA DEPARTMENT OF HEALTH

August 9, 1988

The Honorable John Glenn  
 ATTN: Andrea Fastenberg  
 United States Senate  
 Committee on Governmental Affairs  
 Washington, DC 20510-6250

Dear Senator Glenn:

The purpose of this letter is to answer your request for information regarding the manner in which South Dakota approves the content of AIDS and HIV-related educational materials. In providing the information that you asked for, I wish to submit the following item by item response to the areas specified in your inquiry:

1. The Centers for Disease Control's sensitivity to the content of AIDS educational materials, and the use of federal funds to purchase such materials, predates the enactment of Public Law 100-202. As such, South Dakota assigned an AIDS Program Review Panel to approve these materials for content and purpose prior to procurement or distribution. This panel was first established as a condition to qualify for the first "State-based AIDS Project" cooperative agreement. Assignments to the review panel were completed by April 1, 1986. Review panel members were selected based upon their professional disciplines, recognized leadership standing, and/or their ability to represent the position of a wide variety of perspectives (i.e. legal, social, educational, medical and risk group affiliation). Only one panel, consisting of six members, exists to perform this function in South Dakota at the present time.
2. The review panel has, in fact, disapproved or otherwise restricted several pieces of material to date. In every case, however, the reason for disapproval was based on conservative community standards. None of these materials would have been restricted based on the standards as established in Public Law 100-202.
3. Public Law 100-202 establishes the basic criteria related to content of educational materials. Those not meeting these requirements, as determined by the Health Department, Division of Public Health (as the participant in federal cooperative agreements for AIDS prevention), are not even subjected to the scrutiny of the review panel. To merit approval, each piece of material under consideration must be personally reviewed by at least 5 of the 6 panel members. After review, each item is individually discussed and voted upon. The materials are not approved if more than one dissenting vote is recorded. It is important to note that each item is approved with the intent to be released to specific audiences (i.e. general public, school children grades 7 to 12, risk group members only, etc.).
4. South Dakota is a small rural state with predominantly conservative attitudes. To be successful at fielding AIDS prevention messages and in addressing educational needs, we must keep the content of our materials within the context of prevailing community standards. These community standards are generally more restrictive than the provisions of Public Law 100-202. As a result, Public Law 100-202 has not had a decided impact on the way that we approach AIDS prevention activities in this state.

I hope that this information satisfies your needs. Please feel free to contact me in the future if you have further need of my assistance. In the interim, I shall look forward to reviewing the results of your study.

Sincerely,

Terrance L. Dosch  
 Director  
 COMMUNICABLE DISEASE CONTROL  
 (605) 773-3364



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH AND ENVIRONMENT  
CORDELL HULL BUILDING  
NASHVILLE, TENNESSEE 37219-5402

JAMES E. WORD  
COMMISSIONER

June 2, 1988

The Honorable John Glenn, Chairman  
Committee of Governmental Affairs  
United States Senate  
Washington, D.C. 20510-6250

Dear Senator Glenn:

I appreciate the opportunity to address the questions listed in your letter of May 10, 1988 regarding Public Law 100-202.

1. Our Federal Review Panel was established in May 1985, following the receipt of our first CDC Grant award for HIV Counseling and Testing. There is currently one state sponsored review panel whose members were selected by the members of our AIDS Program. We concentrated on selecting a variety of individuals who had a vested interest in AIDS. The Panel is comprised of the following individuals:
  - a. Rev. Paul Tucker; Metropolitan Community Church (Gay Community)
  - b. Ms. Gwen Bailey; Tennessee Department of Education
  - c. Ms. Joyce Perkins; Meharry Medical College (Minority and IV Drug Counselor)
  - d. Dr. Adelisa Panlilio; Nashville Red Cross (currently vacant)
  - e. Mr. Bob Keller; Nashville Public Health Department and Nashville CARES (community based organization) Board of Directors
  - f. Ms. Carolyn Langteau; Homemaker
  - g. Ms. Suellen Joyner; Director, Office of Planning and Development, Tennessee Department of Health and Environment
2. Our Review Panel has been extremely aware of the concerns generated by Public Law 100-202. As a result, many pamphlets and educational materials (video tapes) which were initially well received by the Panel, were ultimately rejected for fear of repercussions from the Public Law in question. This has been extremely noticeable in our selection of material for gay and bisexual men and for IV drug users.
3. There are no written guidelines provided by the State relating to the content of educational materials. As of the most recent grant award (May, 1988), there are 8 private and community based recipients of federal funds. The Tennessee AIDS Program maintains regular communication with each recipient to insure compliance with the Public Law.

The Honorable John Glenn, Chairman  
 June 2, 1988  
 Page Two

As a matter of policy, any materials to be published with federal funds are submitted to the Panel for review.

4. The overall effect of Public Law 100-202 has two serious consequences. First, it fails to acknowledge that individuals are uniquely different in lifestyles, intellect, habits (or addictions), morals, reading skills, education, and family-based value systems. This restriction of explicit information and stressing only abstinence and family-oriented values allows us to effectively target those individuals at least risk of HIV infection. We completely ignore, (for example) illiterate IV addicts who desperately need information on how to clean needles while waiting for entrance into a drug rehabilitation program. Also left to fend for themselves are run-away youths (many of whom turn to prostitution for survival), sexually active youths and adults, and sex partners of IV drug users.

The questions coming from all segments of the community, from junior high schools and businesses to church groups, are explicit. For a legitimate AIDS education program to respond with anything but explicit answers threatens our credibility, not to mention our sensitivity to specific cultures and communities. Initiating behavior change is an immensely difficult undertaking in its own right. To respond with unrealistic answers to today's society adds to the widespread community rejection of government-generated AIDS information. The end result of this controversy will only enhance the spread of HIV among those who fail to "abstain".

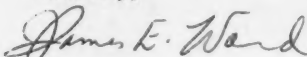
The second, and far more devastating, effect of Public Law 100-202 is to deny state public health departments the ability to carry out their charge. We have historically responded to public health concerns with accurate, factual information targeted to populations at highest risk. It would be absurd to respond to a syphilis outbreak by only telling those at risk to refrain from sex. Granted, abstinence is always the first message given to prevent infection, but certainly never the only message.

The restriction of Public Law 100-202 also implies that AIDS educators randomly distribute all information to anyone. This is simply not true. Information distributed to the public is screened for audience appropriateness. Obviously, we do not need to give 1st and 2nd grade school children information on how to wear a condom. Likewise, when dealing with high risk IV drug users, we need more information than "just say no" to drugs. Prior to Public Law 100-202, our AIDS Program enclosed all explicit information in a sealed envelope with a notice regarding contents attached. We received only one complaint in over a year's time.

The Honorable John Glenn, Chairman  
June 2, 1988  
Page Three

It is my contention, as Commissioner of Health, that we must rely on our professional educators to distribute effective information to appropriate populations. To forestall the dissemination of preventive and risk reduction information any longer will only permit HIV to continue to spread through our communities.

Sincerely,

A handwritten signature in cursive script, reading "James E. Word".

JAMES E. WORD  
Commissioner

JEW/C2018144



## Texas Department of Health

Robert Bernstein, M.D., F.A.C.P.  
Commissioner

Robert A. MacLean, M.D.  
Deputy Commissioner  
Professional Services

Hermas L. Miller  
Deputy Commissioner  
Management and Administration

1100 West 49th Street  
Austin, Texas 78756-3199  
(512) 458-7111

June 21, 1988

### Members of the Board

Frank Bryant, Jr., M.D., F.A.A.F.P., Chairman  
Raleigh K. White IV, M.D., Vice-Chairman  
Sr. Marian Strohmeier, R.N., M.P.H., Secretary  
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Edward H. Zunker, O.D.

The Honorable John Glenn  
Chairman, Committee on Governmental Affairs  
United States Senate  
703 Hart Senate Office Building  
Washington, D.C. 20510-6250

Dear Senator Glenn:

This is in response to your letter of May 10, 1988 inquiring about the effect that Public Law 100-202 is having on AIDS educational activities. The following information as provided by our AIDS Division will address the questions raised in your letter.

1. The Texas Department of Health (TDH) established a panel of five individuals in May 1986, as required by the conditions of a grant from the Centers for Disease Control (CDC) to review the content of materials proposed to be used for AIDS education. Currently there are 20 organizations receiving federal funds for AIDS education through the Texas Department of Health. Each of those organizations have their own local review panel. Additionally, the Department is currently funding 33 organizations from state-appropriated funds for AIDS education and services. Each of these organizations also have local review committees. The current procedure for choosing review panel members is outlined in Attachment I. At the Department level, there are five members representing: the Texas Commission on Alcohol and Drug Abuse; Bureau of Maternal and Child Health, TDH; a Regional Office of TDH, Texas Congress of Parents and Teachers, and a member of the Texas Legislative Task Force on AIDS.
2. The panel has previously disapproved some materials, but not as a consequence of PL 100-202.

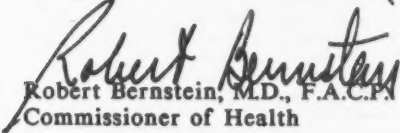


The Honorable John Glenn  
Page Two

3. The contractors each have copies of the the general guidelines for content of materials as provided to us by the CDC.
4. The language in PL 100-202 may inhibit some community-based organizations from being able to provide accurate, explicit, and culturally-sensitive information about personal behaviors. For information to be relevant for certain groups, it may have to be in the vernacular of that particular group. Organizations that are trying to effectively reach hard-to-reach groups, i.e., intravenous drug abusers, may find their efforts hampered by the language contained in PL 100-202. Likewise, community-based organizations that focus on changing the unsafe sexual behaviors of homosexual men, may need to address their particular target audiences in language that may offend others. However, the accuracy of the medical information provided, the soundness of the advise and the resultant change in personal behavior leading to lowered risk of infection with HIV should be the criteria for judging the content of AIDS educational materials.

I hope that this information will be useful to your committee.

Sincerely,

  
Robert Bernstein, M.D., F.A.C.P.  
Commissioner of Health

Enclosure

CONTENT OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS,  
QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN  
CENTERS FOR DISEASE CONTROL ASSISTANCE PROGRAMS

(JANUARY 1988)

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. They include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship. For those individuals who do not eliminate risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. This document is intended to provide guidance for the development of educational materials, and to require the establishment of local review panels to consider the appropriateness of messages designed to communicate with various population groups.

1. Basic Principles

a. Language used in written materials (i.e., pamphlets, brochures, fliers), audiovisual materials (i.e., motion pictures and video tapes), and pictorials (i.e., posters and similar educational materials using photographs, slides, drawings, or paintings) to describe dangerous behaviors and explain less risky practices concerning AIDS should use terms or descriptors necessary for the target audience to understand the messages.

- b. Such terms or descriptors used should be those which a reasonable person would conclude should be understood by a broad cross-section of educated adults in society, or which when used to communicate with a specific group, such as homosexual men, about high risk sexual practices, would be judged by a reasonable person to be inoffensive to most educated adults beyond that group.
- c. The language of items in questionnaires or survey instruments which will be administered in any fashion to any persons should use terms to communicate the information needed which would be understood by a broad cross-section of educated adults in society but which a reasonable person would not judge to be offensive to such people.
- d. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.
- e. Messages which are part of any materials or activities supported with CDC funds must be consistent with recently enacted Federal legislation (P.L. 100-202 \*) which prohibits the use of CDC funds for "...AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities." This legislation also directs that "Education, information, and prevention activities and materials ...shall

\*The complete texts of the pertinent sections of Public Law 100-202 and the Conference Report which accompanied this legislation are set forth at the end of this document.

emphasize (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and (2) abstinence from the use of illegal intravenous drugs."

The intent of Congress is further clarified in the Conference Report which accompanied Public Law 100-202. This report provides that the above language "...shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded."

The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) contains messages which are consistent with the provisions of this legislation.

f. Messages provided to young people in schools and in other settings should be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" (MMWR 1988;37 [suppl. no. S-2]).

2. Program Review Panel

a. Prospective recipients will be required to establish a program review panel whether the applicant plans to conduct the total program activities or plans to have part of them conducted through subvention to nongovernmental organization(s). This panel, guided by the CDC Basic Principles (in the previous section) in conjunction with

prevailing community standards, will review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This panel is intended to review materials only and should not be empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the local governmental jurisdiction. Specifically, applicants for cooperative agreements will be required to include in the application the following:

- (1) Identification of a panel of no less than five persons representing a reasonable cross-section of the general community\*\* but which is not drawn predominantly from the target population or groups to whom the written materials, pictorials, audiovisuals, questionnaires, survey instruments, or educational groups sessions are directed; and
- (2) A letter or memorandum from the proposed project director, countersigned by the business office, which includes:
  - (a) Concurrence with this guidance and assurance that its provisions will be observed;
  - (b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the Panel;

Panels which review materials for use with school age populations should include representatives of such groups as teachers, school administrators, parents, and students.

- b. When a cooperative agreement/grant is awarded, the recipient will:
- (1) Convene the Program Review Panel and present for its assessment actual copies of written materials, pictorials, and audiovisuals proposed to be used;
  - (2) Provide for assessment by the Program Review Panel draft text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals proposed to be used;
  - (3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that their project files are documented with a statement(s) signed by the Program Review Panel which itemizes their majority vote of approval or disapproval of all proposed written materials, audiovisual materials and pictorials submitted to them.
  - (4) Provide to CDC in regular progress reports the signed statement(s) of all members of the program review panel itemizing their majority vote of approval or disapproval of all proposed written materials, audiovisual materials and pictorials.





Norman H. Bangerter  
Governor  
Susanne Dandoy, M.D., M.P.H.  
Executive Director  
J. Brett Lazar, M.D., M.P.H.  
Division Director

# State of Utah

DEPARTMENT OF HEALTH  
DIVISION OF COMMUNITY HEALTH SERVICES

Bureau of Epidemiology  
288 North 1480 West  
P.O. Box 16660  
Salt Lake City, Utah 84116-0660  
(801) 538-6191

May 26, 1988

The Honorable John Glenn, Ohio, Chairman  
Committee on Governmental Affairs  
United States Senate  
Washington, DC 20510-6250

Dear Senator Glenn:

This response is provided to your letter dated May 10, 1988 as background information for the June 8 hearing regarding education activities about the risks of HIV infection and measures necessary for prevention.

1. We first established an AIDS Program Review Panel to approve contents, printing, and purchasing of AIDS educational materials in accordance with CDC federal funding requirements in April, 1987. One AIDS Program Review Panel currently exists; it functions for the entire state. There are five members on the panel and their affiliations include: Salt Lake AIDS Foundation (a voluntary non-profit service organization), Utah Parent Teacher Association, University of Utah Catholic Parish (ministry), medical community, and health education. The panel members were chosen to provide a variety of backgrounds and representation of disparate groups and interests.

2. The Program Review Panel meets quarterly to review materials and approve or disapprove proposed items. Thus far, they have reviewed five questionnaires, seven videos, and 13 articles. All but one of the items reviewed have been approved. One video has been disapproved. The disapproval was not the result of restrictions imposed by Public Law 100-202.

3. Utah State law requires all institutions receiving public funds to obtain written parental consent for minors prior to imparting any material, program, plan or undertaking which provides instruction on the use of birth control devices and substances.

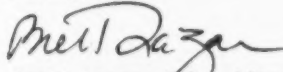
John Glenn  
May 26, 1988  
Page 2

Strictly interpreted, the law requires determining the age of everyone who attends any AIDS presentation if that presentation is held in a facility, or given by or supported through tax revenues (i.e., a public meeting held at a city hall). Minors can be tested and treated for sexually transmitted diseases at any public health department without parental consent or notification. However, health department personnel cannot discuss barrier methods of disease prevention with these sexually active young people.

Each educational item is reviewed by the Program Review Panel and the progress notes are provided to CDC itemizing the majority vote and approval and disapproval of all materials.

4. Educational efforts have sometimes been hampered by the necessity of stressing what some alternate lifestyle participants consider to be unrealistic. This may be a problem when trying to reach people from these alternate lifestyles, different levels of education and different cultural backgrounds because the effectiveness of risk reduction education activities might be reduced and educational materials may lose some of their impact.

Sincerely,



J. Brett Lazar, M.D., Director  
Division of Community Health Services

JBL/IR:ns



STATE OF VERMONT  
AGENCY OF HUMAN SERVICES

DEPARTMENT OF HEALTH  
60 MAIN STREET  
P.O. BOX 70  
BURLINGTON, VERMONT 05402  
(802) 863-7280

May 24, 1988

Senator John Glenn, Chairman  
United States Senate  
Committee on Governmental Affairs  
Washington, DC 20510-6250

Dear Senator Glenn:

Thank you for your letter of May 10, 1988. Concerning the questions you posed:

1. The Vermont Department of Health's AIDS Education Program began in April, 1986. Our original review panel consisted of 5 members of the following organizations: the University of Vermont, the Medical Center Hospital of Vermont, the Vermont State Department of Education, Vermonters for Lesbian and Gay Rights and the Vermont Red Cross.

The members of committee were chosen to create a broad representation of the Vermont community. In 1987, after input from the public, the Citizens Review Committee asked for representatives of several other community organizations. Additional members were recruited to include: a Catholic Priest, the owner of a local TV Station, a representative of the State Alcohol & Drug Abuse Programs, the Director of Health Services for St. Michael's College and a member of a school board.

2. This review committee has disapproved several pamphlets and videos. This disapproval was based on a feeling that these items were not appropriate for Vermont. Our review committee has not yet disapproved anything on the basis of Public Law 100-202.
3. The current requirement of all AIDS educational material purchased or produced by the Department of Health, is that they be approved by our Citizens Review Committee.
4. As yet we have seen, no affect due to Public Law 100-202

I hope these answers are of help to you. Please contact me if you have any further questions.

Sincerely,

*Roberta K. Coffin, M.D.*

Roberta Coffin, M.D.  
Commissioner of Health

Text of:

Departments of Labor, Health and Human Services, and Education,  
and Related Agencies Appropriations Act, 1988

Public Law 100-202

Title 5, Section 514

(a) Notwithstanding the matter under the heading "Centers for Disease Control", none of the funds made available under this Act to the Centers for Disease Control shall be used to provide AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities.

(b) Education, information, and prevention activities and materials paid for with funds appropriated under this Act shall emphasize--

- (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and
- (2) abstinence from the use of illegal intravenous drugs.

(c) The homosexual activity referred to in subsections (a) and (b) includes any sexual activity between two or more males as described in section 2256(2)(A) of title 18, United States Code.

(d) The illegal drugs referred to in subsection (b) include any controlled substance as defined in section 102(6) of the Controlled Substance Act (21 U.S.C. 802(6)).

(e) If the Secretary of Health and Human Services finds that a recipient of funds under this Act has failed to comply with this section, the Secretary shall notify the recipient, if the funds are paid directly to the recipient, or notify the State if the recipient receives the funds from the State, of such finding and that--

- (1) no further funds shall be provided to the recipient;
- (2) no further funds shall be provided to the State with respect to noncompliance by the individual recipient;
- (3) further payment shall be limited to those recipients not participating in such noncompliance; and
- (4) the recipient shall repay to the United States, amounts found not to have been expended in accordance with this section.

Congressional Record

December 21, 1987

Page H12713

The conferees agree that language contained in section 514 of the Act relating to AIDS education shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded.



# COMMONWEALTH of VIRGINIA

*Department of Health*  
*Richmond, Virginia 23219*

May 19, 1988

The Honorable John Glenn  
 Chairman, Committee on Governmental Affairs  
 United States Senate  
 Washington, D.C. 20510-6250

Dear Senator Glenn:

Thank you for your May 10, 1988, letter requesting information about our federally funded AIDS/HIV education activities.

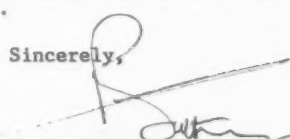
A panel was established in 1985 to review AIDS education materials proposed for production with federal funds. The six members are comprised of two nurses, a consultant on family life education, the director of an AIDS service organization, the director of the Virginia Transplant Council, and a minister. Four are females and one is black. They were chosen because of their dedication to community service, above average levels of education, and willingness to serve. This is the only panel authorized by us.

The panel has not disapproved any educational materials to date. Our current requirements for AIDS educational material produced with federal funds are as stipulated in Public Law 100-202. Community organizations that receive federal funds from us are informed that all educational materials paid for with these funds shall conform to PL 100-202. Proposed materials are also submitted to the review panel to ensure that the intent of PL 100-202 is satisfied.

The law has had no effect on our ability to provide clear, accurate, and culturally sensitive material about reducing the risk of HIV infection. Even materials prepared by us prior to the enactment of PL 100-202 are consistent with its intent.

Thank you for the opportunity to comment. If members of your staff desire more information, please have them contact either Casey Riley (804/786-6267) or Doctor Martin Cader (804/786-6261).

Sincerely,

  
 C. M. G. Buttery, M.D., M.P.H.  
 State Health Commissioner

cc: Maston T. Jacks, Esquire



JULE M. SUGARMAN  
Secretary



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
*Olympia, Washington 98504-0095*

May 26, 1988

The Honorable John Glenn, Chair  
Committee on Governmental Affairs  
United States Senator  
340 Dirksen Senate Office Building  
Washington, D.C. 20510-6250

Attention: Andrea Fastenberg

Dear Senator Glenn:

Thank you for providing us the opportunity to comment on the effect of Public Law 100-202.

The following comments are made in response to your questions:

1. In November of 1986, Washington State established a program review panel consistent with the Centers for Disease Control's requirements for recipients of federal AIDS education/risk reduction grants. There is currently only one review panel for the state Office on AIDS; however, there are additional review panels in the Office of the Superintendent of Public Instruction and the Seattle-King County Department of Public Health (both are direct federal grant recipients). Our procedure for choosing panel members is to obtain referrals from local health departments. We ask that panel members not be part of the leadership of any organization receiving federal monies under the cooperative grants. We have one representative from each of the six regional educational/service centers established by the recently enacted Washington State AIDS Omnibus bill. There are seven review panel members: a local health officer, a mental health counselor, a professor of journalism, an audiovisual media specialist, an AIDS education coordinator from the American Red Cross, a minister, and a business proprietor.
2. The Office on AIDS (formerly the AIDS Program) review panel has disapproved or rejected materials, but not yet as a result of restrictions imposed by Public Law 100-202. The panel has met only once since this law came into effect.



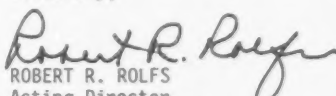
The Honorable John Glenn  
May 26, 1988  
Page Two

3. Federally-funded AIDS education materials are subject to state law. The Washington State Office on AIDS follows the guidelines put forth by the Centers for Disease Control in their grant requirements. Guidelines provided to state and local officials and community-based organizations are the verbatim guidelines provided by the Centers for Disease Control. Community-based organizations receiving federal funds are required, as part of their contracts, to submit materials used for AIDS education to the Office on AIDS program review panel for approval. They have also, as a consequence of Public Law 100-202, been advised to set up separate accounting procedures, to account for any materials used in risk reduction programs that promote or maintain safer sex behaviors other than those approved by Public Law 100-202.
4. In Washington State, Public Law 100-202 has forced community-based organizations to find more local funding from other volunteer or private organizations and individuals to fund those programs which will promote and sustain risk reduction behaviors. Local and private resources in the areas with the greatest number of AIDS cases have already been stretched dangerously thin and burnout among volunteer organizations is a common problem. The additional accounting procedures required by passage of Public Law 100-202 and the diversion of federal funds from explicit risk reduction efforts will severely and negatively impact efforts to halt or reduce additional HIV infections, especially among racial/ethnic and sexual minorities. Providing accurate and culturally sensitive material is comparatively easy; but appropriate, explicit education programs as a means of reducing risk behaviors and promoting safer behaviors are still essential to reduce the spread of the AIDS virus.

Additionally, passage of the Washington State AIDS Omnibus bill, which contains essentially the same language restrictions as Public Law 100-202, has required that all but two of the pamphlets currently distributed by the Washington State Office on AIDS be revised. A copy of that law is enclosed.

We appreciate the opportunity to comment on the impact of this law. If you have additional questions, please contact Mr. John Peppert, Office on AIDS, Mail Stop LP-20, Olympia, Washington 98504.

Sincerely,

  
ROBERT R. ROLFS  
Acting Director  
Division of Health

Attachment

Arch A. Moore, Jr.  
Governor



David K. Heydinger, M.D.  
Director

## State of West Virginia

DEPARTMENT OF HEALTH  
CHARLESTON 25305

May 23, 1988

John Glenn, Chairman  
United States Senate  
Committee on Governmental Affairs  
Washington, D.C. 20510-6250

Dear Senator Glenn:

This letter is a response to your request for information about AIDS education activities funded by the federal government in West Virginia. The information for the June 8th Committee on Government Affairs hearing is attached.

Sincerely,

A handwritten signature in dark ink, appearing to read "David K. Heydinger".

David K. Heydinger, M.D.

DKH/LEH/jf

Attachment

Response to questions of letter dated May 10, 1988.

1. The Committee understands that the grants from the Centers for Disease Control require the establishment of panels to review the contents of proposed AIDS educational materials. When did you first establish a panel to perform this function? **1985** How many panels currently exist within your state? **One** What is the current procedure used for choosing the members of the review panel(s)? **Members of review panel are selected by the State Health Director and the Chairman of the West Virginia State AIDS Task Force from the task force membership.** How many members are on the panel(s), and what groups or populations do they represent? **Groups represented on the Program Review Panel are - public health, public safety, public education, laboratory services and blood supply management.**
2. Have the review panel(s) disapproved or rejected any materials to date? **No**
3. What are the current requirements in your state relating to the content of AIDS education materials produced with federal funds? **All literature produced by the AIDS Prevention Program or with Program funds for distribution to State residences are presented to the Program Review Panel for approval on content, language and cultural acceptance for populations directed.** How are the content requirements enforced? **CDC guidelines for management of education materials are relied upon at this time for enforcement.** If you have any written guidelines for state and local officials or community based organizations concerning the content of AIDS education materials, please provide a copy of those guidelines. **We currently have no written guidelines.**
4. What has been the effect of Public Law 100-202 on the ability of the state and local governments or community based organizations, which receive federal funds, to provide accurate, explicit and culturally sensitive information on reducing the risk of becoming infected with HIV? **None**



State of Wisconsin \ DEPARTMENT OF HEALTH AND SOCIAL SERVICES

May 31, 1988

DIVISION OF HEALTH  
MAIL ADDRESS:  
1 WEST WILSON STREET  
P.O. BOX 300  
MADISON, WISCONSIN 53701-0300

The Honorable John Glenn  
Chairman, Committee for Governmental Affairs  
United States Senate  
WASHINGTON DC 20510-6250

Dear Senator Glenn:

In response to your recent request, I offer the following information regarding the Wisconsin AIDS/HIV program materials review panels:

- 1) The Wisconsin Division of Health (DOH), Bureau of Community Health and Prevention (BCHP) first established a statewide program materials review panel in January, 1987, to comply with the requirements of the Centers for Disease Control (CDC), Health Education/Risk Reduction (HE/RR) and Counseling/Testing Site (CTS) cooperative agreements. Subsequently, it became apparent that the review of program materials for adherence to community standards could most expediently and appropriately be done at the local level. In order to achieve this type of review, three additional program review panels were established by Wisconsin community based AIDS Service groups in 1988 for a present total of four AIDS/HIV program materials review panels in Wisconsin. Review of AIDS/HIV program materials produced with CDC funds and used in the service areas of these three service groups has been delegated to the local review panels. The statewide review panel continues to review materials for statewide use and use in the service areas of the three Wisconsin AIDS service groups which do not have their own review panels. Review panel members, all volunteers, are selected through a process of soliciting recommendations from professional and community organizations, inviting participation according to professional affiliations and personal interests, and making appointments according to willingness of individuals to serve. The panels have varying numbers of members:

Statewide panel - 6 members  
Milwaukee AIDS Project - 11 members  
Madison AIDS Support Network - 10 members  
La Crosse County Health Department AIDS Program - 6 members

Members of the panels are representative of a wide range of community interests including such areas as minority, religious, health care, insurance, academic, human services, target populations, formal education, hemophilia, blood banking, public health, adolescent health, law enforcement, business, substance abuse prevention and general community. For all panels, an effort is made to achieve a balance of philosophies and interests which reflects those of the community.

The Honorable John Glenn  
May 31, 1988  
Page 2

- 2) A few materials have been rejected by the panels. Generally, these materials are those which have been developed by other agencies/states for use with specific population groups. Since the rejections were made prior to the enactment of Public Law 100-202, it is unlikely that they resulted from its restrictions.
- 3) Generally, in Wisconsin we use the United States Surgeon General's report as the standard for content of AIDS/HIV educational materials produced with federal funds. The actual content of materials is left to the discretion of the program review panel. If an agency fails to heed the program review panel's recommendation, CDC funding of the agency is suspended. This has not yet been necessary. AIDS/HIV program materials review panels in Wisconsin adhere to the CDC guidelines (copy attached).
- 4) I know of no instance to date where Public Law 100-202 has impaired the ability of Wisconsin AIDS/HIV projects to provide appropriate AIDS/HIV prevention information. The philosophy of the Wisconsin AIDS/HIV Program is to present information in the most direct, explicit and understandable terminology possible without being offensive, and to tailor the presentation to each audience through the use of audiovisual materials, visual demonstrations and personal counseling when appropriate. This assures that persons receive the AIDS/HIV information which is most relevant to them and can most readily be used to change behaviors.

I hope this information is useful. I am very interested in the deliberations of the Committee on Governmental Affairs regarding this issue and would appreciate an update at your convenience.

Please contact me if you need additional information.

Sincerely,



John Torphy  
Administrator

JT:db:

CONTENT OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS,  
QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN  
CENTERS FOR DISEASE CONTROL ASSISTANCE PROGRAMS

(JANUARY 1988)

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. They include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship. For those individuals who do not eliminate risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. This document is intended to provide guidance for the development of educational materials, and to require the establishment of local review panels to consider the appropriateness of messages designed to communicate with various population groups.

1. Basic Principles

a. Language used in written materials (i.e., pamphlets, brochures, fliers), audiovisual materials (i.e., motion pictures and video tapes), and pictorials (i.e., posters and similar educational materials using photographs, slides, drawings, or paintings) to describe dangerous behaviors and explain less risky practices concerning AIDS should use terms or descriptors necessary for the target audience to understand the messages.



b. Such terms or descriptors used should be those which a reasonable person would conclude should be understood by a broad cross-section of educated adults in society, or which when used to communicate with a specific group, such as homosexual men, about high risk sexual practices, would be judged by a reasonable person to be inoffensive to most educated adults beyond that group.

c. The language of items in questionnaires or survey instruments which will be administered in any fashion to any persons should use terms to communicate the information needed which would be understood by a broad cross-section of educated adults in society but which a reasonable person would not judge to be offensive to such people.

d. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

e. Messages which are part of any materials or activities supported with CDC funds must be consistent with recently enacted Federal legislation (P.L. 100-202 \*) which prohibits the use of CDC funds for "...AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities." This legislation also directs that "Education, information, and prevention activities and materials ...shall

\*The complete texts of the pertinent sections of Public Law 100-202 and the Conference Report which accompanied this legislation are set forth at the end of this document.

emphasize (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and (2) abstinence from the use of illegal intravenous drugs."

The intent of Congress is further clarified in the Conference Report which accompanied Public Law 100-202. This report provides that the above language "...shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded."

The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) contains messages which are consistent with the provisions of this legislation.

f. Messages provided to young people in schools and in other settings should be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" (MMWR 1988;37 [suppl. no. S-2]).

2. Program Review Panel

a. Prospective recipients will be required to establish a program review panel whether the applicant plans to conduct the total program activities or plans to have part of them conducted through subvention to nongovernmental organization(s). This panel, guided by the CDC Basic Principles (in the previous section) in conjunction with

prevailing community standards, will review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This panel is intended to review materials only and should not be empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the local governmental jurisdiction. Specifically, applicants for cooperative agreements will be required to include in the application the following:

- (1) Identification of a panel of no less than five persons representing a reasonable cross-section of the general community\*\* but which is not drawn predominantly from the target population or groups to whom the written materials, pictorials, audiovisuals, questionnaires, survey instruments, or educational groups sessions are directed; and
- (2) A letter or memorandum from the proposed project director, countersigned by the business office, which includes:
  - (a) Concurrence with this guidance and assurance that its provisions will be observed;
  - (b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the Panel;

\* Panels which review materials for use with school age populations should include representatives of such groups as teachers, school administrators, parents, and students.

b. When a cooperative agreement/grant is awarded, the recipient will:

(1) Convene the Program Review Panel and present for its assessment actual copies of written materials, pictorials, and audiovisuals proposed to be used;

(2) Provide for assessment by the Program Review Panel draft text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals proposed to be used;

(3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that their project files are documented with a statement(s) signed by the Program Review Panel which itemizes their majority vote of approval or disapproval of all proposed written materials, audiovisual materials and pictorials submitted to them.

(4) Provide to CDC in regular progress reports the signed statement(s) of all members of the program review panel itemizing their majority vote of approval or disapproval of all proposed written materials, audiovisual materials and pictorials.

Text of:

Departments of Labor, Health and Human Services, and Education,  
and Related Agencies Appropriations Act, 1988  
Public Law 100-202  
Title 5, Section 514

(a) Notwithstanding the matter under the heading "Centers for Disease Control", none of the funds made available under this Act to the Centers for Disease Control shall be used to provide AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities.

(b) Education, information, and prevention activities and materials paid for with funds appropriated under this Act shall emphasize-

(1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and

(2) abstinence from the use of illegal intravenous drugs.

(c) The homosexual activity referred to in subsections (a) and (b) includes any sexual activity between two or more males as described in section 2256(2)(A) of title 18, United States Code.

(d) The illegal drugs referred to in subsection (b) include any controlled substance as defined in section 102(6) of the Controlled Substance Act (21 U.S.C. 802(6)).

(e) If the Secretary of Health and Human Services finds that a recipient of funds under this Act has failed to comply with this section, the Secretary shall notify the recipient, if the funds are paid directly to the recipient, or notify the State if the recipient receives the funds from the State, of such finding and that-

(1) no further funds shall be provided to the recipient;

(2) no further funds shall be provided to the State with respect to noncompliance by the individual recipient;

(3) further payment shall be limited to those recipients not participating in such noncompliance; and

(4) the recipient shall repay to the United States, amounts found not to have been expended in accordance with this section.

Congressional Record  
December 21, 1987  
Page H12713

The conferees agree that language contained in section 514 of the Act relating to AIDS education shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded.